

4-1 3160-5  
(November 1983)  
Formerly 9-331

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
NM Oil & Gas Conservation  
Artesia, NM 88210

Form approved.  
Budget Bureau No. 1004-1  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER (Re-Entry)	<div>RECEIVED BY JAN 14 1987 O. C. D. ARTESIA, OFFICE</div>	5. LEASE DESIGNATION AND SERIAL NM 18214
2. NAME OF OPERATOR Mayfair Minerals, Inc. ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 940, McAllen, TX 78502		7. UNIT AGREEMENT NAME DeKalb-Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE/4 NW/4 Sec. 21, T-8-S, R-26-E, Chaves County, New Mex. 660' FNL, 1980' FWL, Sec. 21, T-8-S, R-26-E. Approx. 18 miles NE of Roswell, New Mex.		8. FARM OR LEASE NAME #1 9. WELL NO. Abo Pecos Slope Wildcat 10. FIELD AND POOL, OR WILDCAT Sec. 21, T-8S, R-26E 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3798 GR	12. COUNTY OR PARISH Chaves
		13. STATE New Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Request to use plastic for gas flowlines

Plastic flowline has proved satisfactory since February 1983.  
Normal producing pressure 20# - 140#. Maximum shut-in pressure 460#.  
Bursting pressure 550#±.  
Well is shut-in at wellhead when not producing.

Request permission to use plastic for gas flowline.

Copy of invoice for purchase of plastic pipe attached.

Copy of line sketch attached.



18. I hereby certify that the foregoing is true and correct

SIGNED James R. Meyer

TITLE Manager, Exploration Dept.

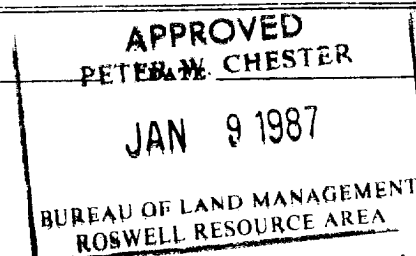
DATE 12-19-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side



Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.