

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL CONS. COMMISSION
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

c/sf

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED

(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		MAY 13 1982		5. LEASE DESIGNATION AND SERIAL NO.	USA-NM-28489
2. NAME OF OPERATOR		O. C. D.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	N/A
3. ADDRESS OF OPERATOR		ARTESIA, OFFICE		7. UNIT AGREEMENT NAME	N/A
1050 17th Street, Suite 1950, Denver, CO 80265				8. FARM OR LEASE NAME	TROUT WELL FEDERAL
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		62.29' FSL & 1983.97' FEL of Sec. 29, T 5 S - R 24 E		9. WELL NO.	1
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4139.0' GR		10. FIELD AND POOL OR WILDCAT	Undesignated Abo
				11. SEC., T., R., M., OR BLEK. AND SURVEY OR AREA	Sec. 29, T 5 S - R 24 E
				12. COUNTY OR PARISH	Chaves
				13. STATE	NM

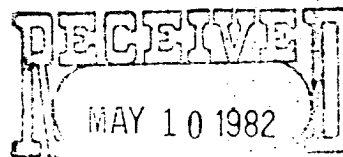
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 type="checkbox"/>	(Other) Commence drlg., Laid Csg. <input checked="" 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.) *

12/2/81 C/Stewart Brothers Rig #54. Spudded Well. Set 16" conductor pipe @40'.
12/4/81 Ran 45 jts 10-3/4" csg. 32# H-40 @865' with 200 sxs Hal Lite, 1/4# flocl, 2% Cal Chl and 200 sxs Class "C", 2% Cal Chl, Circ. cmt to surface. WOC 18 Hrs., PT csg. to 1000 psi.



OIL & GAS
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Nancy Stoltz TITLE LANDMAN DATE 5/5/82

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD

*See Instructions on Reverse Side

MAY 12 1982
U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO