

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Alamogordo, NM 88210

Budget Bureau No. 1004-0135
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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-15862
2. NAME OF OPERATOR GREAT WESTERN DRILLING COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME --
3. ADDRESS OF OPERATOR P. O. Box 1659, Midland, Texas 79702	7. UNIT AGREEMENT NAME --
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirement. See also space 17 below.) At surface 660' FWL & 1980' FEL of Section 10.	8. FARM OR LEASE NAME QUAIL FEDERAL COM
14. PERMIT NO. --	9. WELL NO. 7
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3923, 3 GR	10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-6S-25E
	12. COUNTY OR PARISH Chaves
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	REQUEST VARIANCES	<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

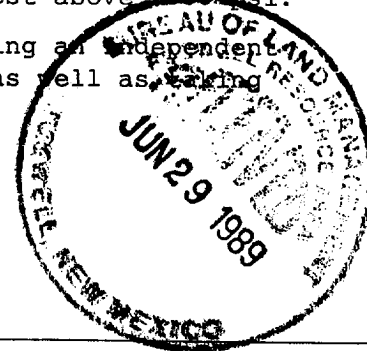
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to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

Pursuant to Onshore Order No. 2 (IV) Variances From Minimum Standard, operator requests approval of variances for pressure testing the following:

1. Ram-Type Preventors and Associated Equipment (III) (A) (2) (i) (ii).
2. Casing Strings Below the Conductor (III) (B) (1) (h).

Operator requests that the testing pressures be limited to a maximum of 1000 psi due to the following:

1. Maximum shut-in bottom hole pressure is less than 1100 psi.
2. Most rig pumps used in this area cannot safely test above 1000 psi.
3. Pressure testing above 1000 psi would require using an independent service company, resulting in a greater expense as well as taking more time in drilling this well.



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

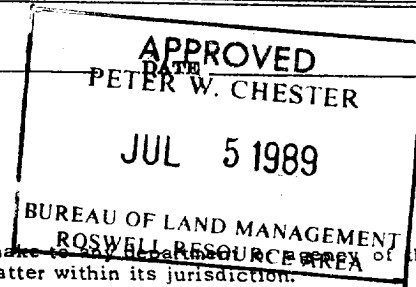
SIGNED James A. Knauf TITLE Permit Agent DATE June 27, 1989

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

*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.

