

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-13
Expires August 31, 1985

CSF

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 ☐ GAS WELL ☒ OTHER _____

2. NAME OF OPERATOR
Bill Fenn, Inc.

3. ADDRESS OF OPERATOR
P. O. Box 569 Giddings, Texas 78942

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1190' FSL & 990' FEL

14. PERMIT NO. _____

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3451.7 GR

RECEIVED

MAY 23 '90

O. C. B.
ARTESIA, OFFICE

5. LEASE DESIGNATION AND SERIAL NO.
NM 53965

6. IF INDIAN, ALLOTTEE OR TRIBE NAME _____

7. UNIT AGREEMENT NAME _____

8. FARM OR LEASE NAME
Buffalo Valley "34" Fed. Com

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Buffalo Valley (Penn)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 34, T-14-S, R-27-E

12. COUNTY OR PARISH
Chaves

13. STATE
N.M.

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"/>		

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 checked="" type="checkbox"/>	Daily Drilling Report	XX

(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.) *

4/15/90: Drilling at 2495', formation lime and shale. Deviation survey at 2131' 1/2°.

4/16/90: Drilling at 3250', formation anhydrite and dolomite. Deviation surveys at 2561' 1/2°, at 3093' 3/4°.

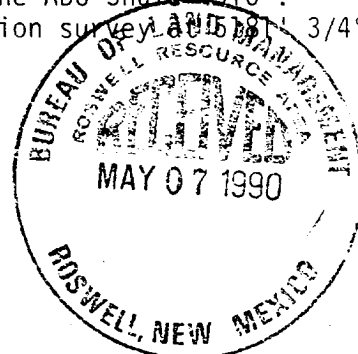
4/17/90: Drilling at 3860', formation dolomite and lime. Deviation survey at 3571' 3/4°.

4/18/90: Drilling at 4463', formation lime and dolomite. Deviation survey at 4002' 1/2°.

4/19/90: Present depth 4697', present operation: nipping up rotating head and flow line. Formation dolomite and lime. Deviation survey at 4500' 1/2°, at 4697' 1/2°. Yellow Jacket test: Tested hydrill, stack and manifold to 3000 psig, O.K.

4/20/90: Drilling at 5015', formation shale. Sample top of the ABO Shale 4910'.

4/21/90: Drilling at 5500', formation lime and shale. Deviation survey at 5115' 3/4°.



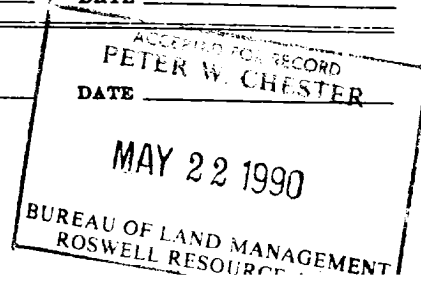
18. I hereby certify that the foregoing is true and correct

SIGNED Peter W. Chester TITLE Agent

DATE 5/3/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side