

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-013
Expires August 31, 1985

C/SF

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

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.

RECEIVED

MAY 23 '90

O.C.D.
ARTESIAL OFFICE

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 checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Drilling report		

(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.)

4/22/90: Drilling at 5857', formation shale and lime. Deviation survey at 5615' 3/4°.

4/23/90: Drilling at 6113', formation shale and lime. Deviation survey at 5895' 1 3/4°, at 5998' 1 3/4°. Sample top Hueco 6070'.

4/24/90: Drilling at 6430', formation dolomite and lime. Deviation survey at 6114' 3/4°.

4/25/90: Drilling at 6758', formation dolomite and lime. Deviation survey at 6577' 1°.

4/26/90: Drilling at 6975', formation dolomite and lime. Deviation survey at 6776' 1/2°.

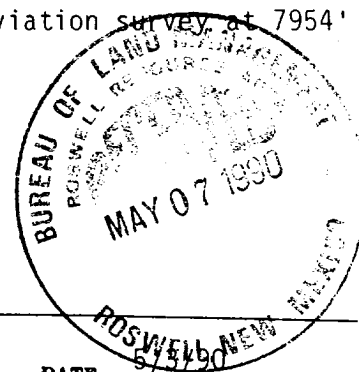
4/27/90: Drilling at 7306', formation lime and sand. Deviation survey at 7171' 1/2°.

4/28/90: Drilling at 7586', formation sand and shale.

4/29/90: Drilling at 7760', formation shale and lime. Deviation survey at 7647' 3/4°. Drilling break at 7735 - 7748' (13') no shows, background gas 50-60 units (strawn sandstone).

4/30/90: Drilling at 7903', formation lime and sand.

5/1/90: Drilling at 8013', formation shale, lime and sand. Deviation survey at 7954' 1°. Circulate samples at 7954' no shows.



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

SIGNED [Signature] TITLE Agent

(This space for Federal or State office use)

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

DATE _____
ACCEPTED FOR RECORD
PETER W. CHESTER
DATE _____

MAY 22 1990

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side