

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N. M. DISTRICT COMMISSION
OFFICE FOR NEIGHBORHOOD
P. O. BOX 188
HOBBS, NEW MEXICO 78240
RECEIVED

BLM Roswell District
Modified Form No.
ND60-3160-4
DESIGNATION AND SERIAL NO.
NM 58803

CISF

SUNDRY NOTICES AND REPORTS ON WELLS SEP 18 1992

(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Topat Oil Corporation ✓		8. FARM OR LEASE NAME Patricia Federal	
3. ADDRESS OF OPERATOR 505 N Big Spring ST, Suite 204 Midland, TX 79701-8602		9. WELL NO. #1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980 FSL, 1980 FWL of Sec.		10. FIELD AND POOL, OR WILDCAT Coyote Queen	
14. PERMIT NO. 30-005-62903		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 27 Sec 20, T11S, R32E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3689 GL		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:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANE	<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 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.) *

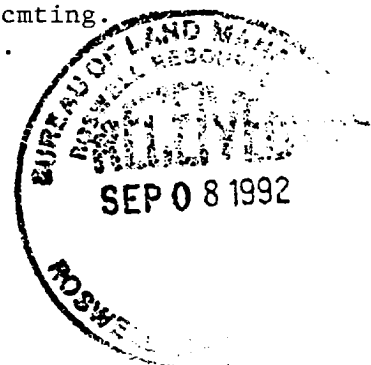
8/1/92 Spudded well

8/13/92 set 350' 85/8" 24# k-55 surface csg. cmt top 40' from surface, cmting witnessed by Vic Coates with BLM

8/30/92 TD of 843' GL reached

9/1/92 843' of 41/2" 10.5# K-55 csg set and cmted with 215 sx C1 C cmt. cmt tied back into 8 5/8" surface csg with an estimated top 100' frm surface. BLM was notified of cmting but no one was on site at time of cmting. 20 sx of cmt was placed behind the 8 5/8" casing at this time.

9/2/92 waiting on completion tools

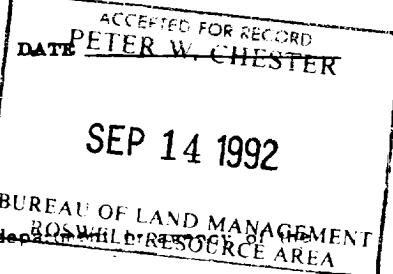


18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE operator rep DATE 9/3/92

(This space for Federal or State office use)

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



*See Instructions on Reverse Side

RECEIVED

SEP 16 1992

OCD HOBBS OFFICE