

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Budget Bureau No. 1004-01
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Beach Exploration, Inc.		3. ADDRESS OF OPERATOR 800 N. Marienfeld Ste. 200 Midland, Texas 79701		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980 FNL & 1980 FEL Sec. 19, T16S, R29E, SWNE Unit L		5. LEASE DESIGNATION AND SERIAL NO. NM 58033		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.)		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Coastal Federal		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT High Lonesome (Queen)	
						11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T16S, R29E		12. COUNTY OR PARISH Eddy		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Well Sign

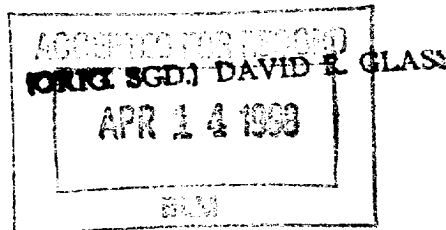
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

Beach Exploration, Inc. wishes to advise the installation of the well sign on 4-1-98. As per instructed on Notice of Incident of Noncompliance No. 98-DE-353.

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

SIGNED Barbara Watson

TITLE Barbara Watson

DATE 4-2-98

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side