

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IT
(Other ins.
verse side)

PLICATE
ODS ON RE

Form approved.
Budget Bureau No. 1004-
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.)

N.M. Oil Cons. Division
811 S. 1st Street
Artesia, NM 88210-2834

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

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

1650' FNL & 330' FWL

SW/4 NW/4
Unit E

14. PERMIT NO.
30-015-25495

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

5. LEASE DESIGNATION AND SERIAL NO.

NMLC046119A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Renee Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT
High Lonesome (Queen)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

20
Sec. 30, T16S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

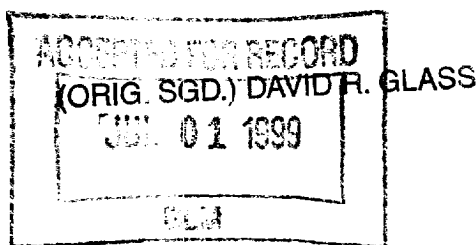
ABANDONMENT*

(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.)

5-28-99 Beach Exploration, Inc. returned Well No. 3 to production.

JUL 1999
RECEIVED
OCD - ARTESIA



RECEIVED
1999 JUN -3 A 10:49
BUREAU OF LAND MGMT.
NATURAL RESOURCE AREA

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

SIGNED *Barbara Watson*

TITLE Barbara Watson

DATE 6-1-99

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

Approval Subject To Well Being Placed On Production.

*See Instructions on Reverse Side