

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions
verse side)

Form approved
Budget Bureau No. 100-101-105
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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	6. LEASE DESIGNATION AND SERIAL NO. NMNM05855
2. NAME OF OPERATOR Beach Exploration, Inc.	7. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 800 N. Marienfeld Ste. 200 Midland, Texas	8. UNDEVELOPMENT NAME NM 38210-2834
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1345' FEL & 2150' FSL, Unit J, NW/4 SE/4	9. FARM OR LEASE NAME Red Lake Unit
14. PERMIT NO.	9. WELL NO. 27
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3696' GL	10. FIELD AND POOL, OR WILDCAT Red Lake, Queen East
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T16S, R28E
	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Set Casing</u>	
(Other) <input type="checkbox"/>			

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

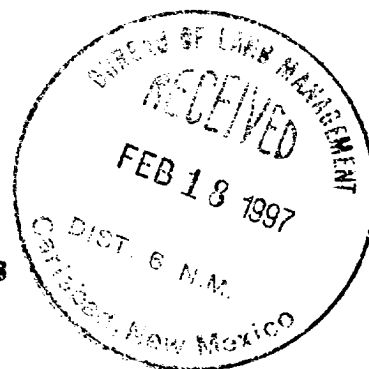
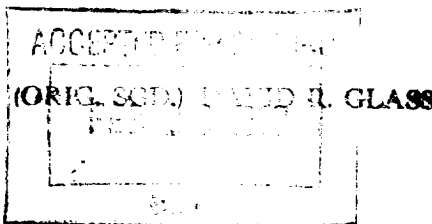
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

2-5-97 Set 8 5/8" casing to 340', cemented with 250 Sxs. Cement.

2-6-97 to 2-9-97 Drilled to TD 1845'

2-9-97 Set 4 1/2" casing to 1845', cemented with 230 sxs. Hal Lite followed with 300 Sxs. 50/50 Poz. Circulated 71 Sxs. to pit.

2-10-97 WOC



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

SIGNED Arliana Shatm

TITLE Production

DATE 2-10-97

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side