

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Form approved
Budget Bureau No. 1004-101-5
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL NO.

NMM05855

SUMMARY 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

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

990' FEL & 730' FSL, Unit P

14. PERMIT NO.

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

3715' GL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Red Lake Unit

WELL NO.

29

10. FIELD AND POOL, OR WILDCAT

Red Lake Queen, East

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

Sec. 25, 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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)

9-11-97 Circ.Hole w/50 bbls. KCL water, ran Gamma Ray Dual Spaced Neutron log, TD.1869'. Perforated 1830-1844'. RIH W/RTIS pkr., pumped 19 bbls. 2% KCL, 12.3 bbls. 15% MCA, 3 .5 bbls. flush, pulled 3 jts., reversed acid.

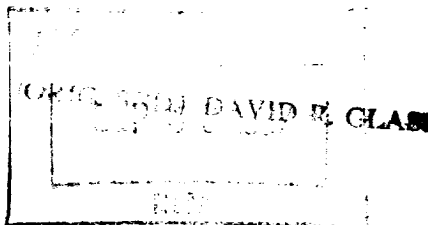
9-12-97 Frac well w/170 sxs. 16/30 sand, 12,261 gals. gel.

9-19-97 Installed pumping unit, put well on production.

BUREAU OF LAND MANAGEMENT
ROSWELL OFFICE

1991 SEP 24 A 9:23

RECEIVED



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

SIGNED

David E. Glass

TITLE

Production

DATE

9-22-97

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side