

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Budget Bureau No. 1004-0135  
Expires August 31, 1985

457

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"/>		OCT 8 1985		5. LEASE DESIGNATION AND SERIAL NO. L.C. 063622	
2. NAME OF OPERATOR Cantoro Exploration, Inc. ✓		O. C. D. ARTESIA OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
3. ADDRESS OF OPERATOR 909 N.E. Loop 410, Ste-711, San Antonio, Tex. 78209				7. UNIT AGREEMENT NAME ---	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface SW/4 SE/4 Sec. 21, T19S, R31E 790' FSL & 2310' FEL of Section				8. FARM OR LEASE NAME TENNECO-FEDERAL	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3522 GL 3526 KB		9. WELL NO. 2	
				10. FIELD AND POOL, OR WILDCAT Uncl NORTH HACKBERRY - Y-5R	
				11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec 21, T19S, R31E	
				12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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) Surface & Production Casing <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.)\*

Set 300', 8 5/8", 24#, J-55 surface casing. Cemented same with 200 sks. of Class "C" cement with 2% CaCl. Circulated 24 sks. to pits.

Drilled to T.D. of 2397'.

Ran 69 jts. (2392.47') of 5 1/2", 15.50#, J-55 casing, set at 2395.93'. Cemented same with 300 sks of HOWCO LITE + 15# salt and 100 sks of Class "C". Circulated 20 sks to pits.

Well Spud July 31, 1985.

Well T.D. and casing set August 4, 1985

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

SIGNED

*Robert M. B...*

TITLE

*President*

DATE

*9-27-85*

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 4 1985

\*See Instructions on Reverse Side