

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
verse side)

Budget Bureau No. 1004-1-1
Expires August 31, 1985

dsf

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.

RECEIVED

1. OIL WELL GAS WELL OTHER

2. NAME OF OPERATOR: Primary Fuels, Inc. MAY 19 '88

3. ADDRESS OF OPERATOR: PO Box 569 Houston TX 77001 O. C. D.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface ARTESIA OFFICE

1831' FNL & 2577' FEL of Section 19

5. LEASE DESIGNATION AND SERIAL NO.: NM-34246

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

7. UNIT AGREEMENT NAME:

8. FARM OR LEASE NAME: PFI Amoco 19 Federal

9. WELL NO.: 3Y

10. FIELD AND POOL OR WILDCAT: Happy Valley Morrow Gas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 19, T22S, R26E

12. COUNTY OR PARISH: Eddy 13. STATE: New Mexico

14. PERMIT NO.: 15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3385.3

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 COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

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) DST			<input checked="" 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.)*

4/22/88 DST NO. 4 - 11,138-11,223'. No cushion. 5"-60"-60"-120"
 IH 5632#
 IF 5" 123-103"
 ISI 60" 4544#
 FF 60" 103-123#
 FSI 120" 4607#
 FH 5632#
 Rec: 210' drlg fluid. 98K PPM Chl. RW .78 @ 75°
 Sampler: 1500 cc Cap. - 185 PSI. .45ft³ gas, 620 cc drlg fluid.
 105K PPM Chl. RW .68 @ 75°. BHT 175°F @ 11,122'

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

SIGNED Dwight DeLall TITLE Drilling Superintendent DATE 4/28/88

(This space for Federal or State office use)

ACCEPTED FOR...

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

MAY 19 1988

*See Instructions on Reverse Side SOS
C. H. ROAD, NEW MEXICO