

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 1004-0135
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 57693	
2. NAME OF OPERATOR The Anschutz Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 4000 North Big Spring, Ste. 209, Midland, TX 79705		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 990' FNL & 1650' FEL Sec. 33-9S-34E 7 miles west of Crossroads, NM		8. FARM OR LEASE NAME Allison Federal	
14. PERMIT NO. N/A		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4250.2 GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33-9S-34E	
		12. COUNTY OR PARISH Lea	13. STATE NM

16. 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(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.)*

1/10/85 - MIRUPU. POH w/pkr & tbq. Attempt to set CIBP @ 11650'. Sand line parted.
1/11-1/22-Fishing for sand line and setting tool.
1/23/85 - Set CIBP @ 11650' w/6 sx cmt on plug. Shot 5½" csg @ 8935'. GIH w/tbg. SDFN.
1/24/85 - Load hole w/salt gel. Spotted 50 sx cmt at 8935'. Displace 25 sx out of casing. SDFN.
1/25/85 - POH w/tbg. Shot 5½" csg @ 4700'. Did not come loose. GIH w/tbg.
1/26/85 - Spotted 25 sx cmt @ 4900'. POH w/tbg. Shot csg @ 4258' - did not come loose. Shot csg @ 4124'. POH w/5½" csg.
1/28/85 - GIH w/tbg. Spot 70 sx cmt @ 4124'. POH w/tbg.
1/29/85 - GIH w/tbg. Tag cmt @ 4010'. Spot 60 sx @ 400'. LD tbq. Spot 20 sx @ surface. Cut off wellhead. Erect dry hole marker.

I hereby certify that the foregoing is true and correct

SIGNED C. Engleman C. Engleman

TITLE Manager Drlg & Prod

DATE 02/08/85

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9-3-86

*See Instructions on Reverse Side