

UNITED STATES N. M. OIL & GAS INFORMATION
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
P. O. BOX 1980
HOBBS, NEW MEXICO 88240Form approved.
Budget Bureau No. 42-R1424.

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM - 042253
2. NAME OF OPERATOR Milford Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 427 Tatum, NM 88267	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 660 FS & WL of section 27	8. FARM OR LEASE NAME Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4400.5 Gr	10. FIELD AND POOL, OR WILDCAT Chaveroo - SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-7-S, R-33-E
	12. COUNTY OR PARISH Roosevelt
	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"/>	

(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.)*

DATA: 8 5/8" casing set @ 383' W/200 sacks cement
4 1/2" casing set @ 4499' W/300 sacks cement
Perf. 4192' to 4328'

5/5/88 Pulled tubing, set C.I.B.P. @ 4000' W/ 35' cement plug, ran tubing circulated 4 1/2" casing W/ Salt Gel, pulled tubing to 3150' set 25 SX cement plug from 3150' to 2900', shot 4 1/2" casing @ 415' & pulled, ran tubing to 450' set cement plug from 450' to 290' across 8 5/8" shoe & 4 1/2" casing stub, set 50' cement plug @ surface & install dry hole marker

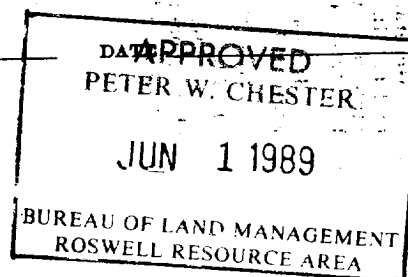
18. I hereby certify that the foregoing is true and correct

SIGNED Gene Milford TITLE Owner DATE 4/7/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:Approved _____
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side



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