

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
HOBBS, NEW MEXICO 88240

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

5. LEASE DESIGNATION AND SERIAL NO.

N.M. NM 82050 X
IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> | JUL 11 2 10 PM '95 | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR | | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR | | API* 30-005-10522 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface | | 9. WELL NO. |
| | | CSAU # 32 |
| | | 10. FIELD AND POOL, OR WILDCAT |
| | | CATO San Andres |
| | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| | | Sec 10-T8S-R30E SW/4W |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH |
| | | Chaves |
| | | 13. STATE |
| | | N.M. |

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

| | | | |
|-----------------------|--------------------------|-----------------|--------------------------|
| 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) | <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.)*

6-19-95 Pulled Packer & TBG. Replaced Packer Ran & Test TBG. Held OK. Casing would not load LAYed down TBG & Packer. Shut well in.

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

SIGNED Billy Walker

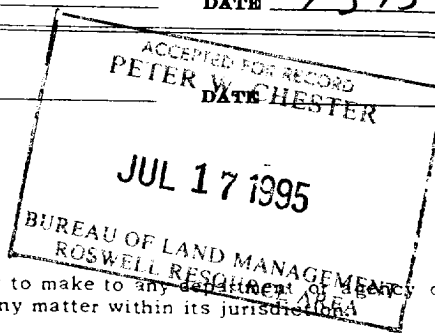
TITLE Pumper

DATE 7-3-95

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

RECEIVED

JUL 20 1995

JCD HOBBS
OFFICE