

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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

SUBMIT IN TRIE
(Other, instruction
verse side) 1585

ATESION
TE

5. LEASE DESIGNATION AND SERIAL NO

NMNM82050X

6. 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME CATO UNIT
2. NAME OF OPERATOR KELT OIL & GAS, INC.	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR 363 N SAM HOUSTON PKWY E, STE 1000, HOUSTON, TX 77060	9. WELL NO. (Formerly: 37 BAXTER FED #4)
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 660' FEL (SENE) SEC 8-T8S-R30E	10. FIELD AND POOL, OR WILDCAT CATO - SAN ANDRES
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 8-8S-30E N.M.P.M.
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4039' KB	12. COUNTY OR PARISH CHAVES
	13. STATE NM

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 checked="" 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.)*

Perforated and acidized the P2 zone of the San Andres formation.

RU PU 3/31/92. POOH w/ rods, pump and tbg. Ran GR-CCL log for correlation. RIH w/ RTBP set@3200. Tstd plug to 500 psi. Held OK. POOH w/ tbg. RIH w/ 4" HSC and perforated 2 SPF 3146-3196. Acidz w/ 3000 gals 15% NEFE using balls. RIH and latched RTBP, POOH. Ran tbg and swabbed to recover load.

Ran rods and pump 4/6/92 and hung-on. IPP: 1 BOPD + 75 MCFD + 2 BWPD. Production prior to WO averaged 1 BOPD + 30 MCFD + 1 BWPD.

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

SIGNED M. L. Lough

TITLE Petroleum Engineer

DATE 4/30/92

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE PETER W. CHESTER

MAY 14 1992

*See Instructions on Reverse Side

RECEIVED

MAY 18 1992

XCD HOBBS OFFICE