

UNITED STATES NM Oil Cons. Commission
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT Artesia, NM 88210

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 well. 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-0142233
2. NAME OF OPERATOR Kelt Oil & Gas, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 1493, Roswell, NM 88202	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 Baxter Federal #1 SE/4 NW/4 17-8S-30E " " #2 SW/4 SE/4 8-8S-30E Crosby "A" Federal #1 and #2 E/2 SE/4 8-8S-30E	8. FARM OR LEASE NAME Baxter & Crosby "A" Fed
14. PERMIT NO. I 6601 E + 1988/N	9. WELL NO. (See item #4)
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT Cato-San Andres
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 8&17 T8S-R30E,
	12. COUNTY OR PARISH Chaves
	13. STATE NMPM

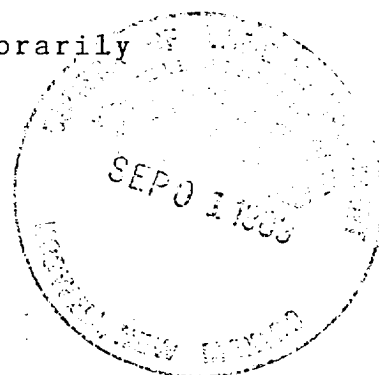
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Temporarily Abandon <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.)

The above captioned wells were shut in by previous operator Apollo Energy. These wells are marginal producers and can only be proven economic if they are part of the proposed Cato Unit which is currently under advisement with the Oil Conservation Division.

Kelt Oil & Gas, Inc. requests to place well in temporarily abandoned status.



8. I hereby certify that the foregoing is true and correct	
SIGNED <u>Mark A. Degeant</u>	TITLE <u>Petroleum Engineer</u>
DATE <u>8-30-89</u>	
(This space for Federal or State office use)	
APPROVED BY _____	TITLE _____
CONDITIONS OF APPROVAL, IF ANY:	DATE _____
APPROVED FOR 12 MONTH PERIOD ENDING <u>SEP 7 1990</u> *See Instructions on Reverse Side	
APPROVED PETER W. CHESTER SEP 6 1989 BUREAU OF LAND MANAGEMENT ROSWELL RESOURCE AREA	