

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

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. WELL NAME <input checked="" type="checkbox"/> WELL <input type="checkbox"/> AREA <input type="checkbox"/> TRAIL	5. LEASE DESIGNATION AND SERIAL NO. 0254700
2. NAME OF OPERATOR APOLLO ENERGY, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR PO BOX 5315, HOBBS NM 88241	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also source 17 below.) At surface 1980'N 660'E	8. FARM OR LEASE NAME FISCHER 'B' FEDERAL
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT CATO SAN ANDRES
	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 32, T8S, R30E
	12. COUNTY AND STATE Chaves NM

Check Appropriate Box To Indicate Nature of Work

PROPOSED WORK		COMPLETED WORK	
TEST WATER PRODUCTION	<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 PLANT	<input type="checkbox"/>
(Other)	<input checked="" 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.)

Because of poor economics (lower oil prices) we are unable to produce this well at the present time. When prices improve, we will return the well to production.



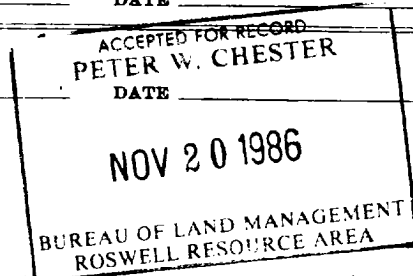
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE President DATE 11-14-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

RECEIVED
NOV 21 1986
HOBBS OFFICE

RECEIVED
NOV 21 1986
HOBBS OFFICE