

UNITED STATES P. O. BOX 1980
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ROSWELL, NEW MEXICO 87400

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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. NM-0349886	
2. NAME OF OPERATOR John S. Goodrich		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR 4000 N. Big Spring, Suite 109, Midland, Texas 79705		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 1980' FNL and 660' FEL of Section 18		8. FARM OR LEASE NAME Phillips Federal	
14. PERMIT NO. 1-10-86		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4047.9' GL		10. FIELD AND POOL, OR WILDCAT SE Chaves Queen Gas Area Assr	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 18, T14S, R31E	
		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 checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

1. After reaching TD of 2730', running electric logs and deciding that no pay zones existed, it is proposed to set an open hole packer at 2422' with 25 sx cement on top of it to 2320';
2. Set 75 sx cement plug from 1801' to 1700' - tag top of cement;
3. Set 45 sx cement plug from 415' to 315';
4. Set 15 sx cement plug from 50' to surface;
5. Install dry hole marker.



I hereby certify that the foregoing is true and correct

SIGNED

John S. Goodrich

TITLE

Operator

DATE

4-15-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

APR 29 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA