

N. M. OIL CONS. COMMISSION
UNITED STATES P. O. BOX 11050
DEPARTMENT OF THE INTERIOR
HOBBS, NEW MEXICO 88240
BUREAU OF LAND MANAGEMENT

Form approved.
Budget Bureau No. 1004-0115
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 <input checked="" type="checkbox"/> Dry Hole		5. LEASE DESIGNATION AND SERIAL NO. NM-64502	
2. NAME OF OPERATOR Flag-Redfern Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 11050 - Midland, Texas 79702		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' FSL & 1980' FEL		8. FARM OR LEASE NAME Rutter 26 Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) KDB 4345.8'		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-8-S, R-31-E	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

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

- 7-09-87 - RU Halliburton. Spotted 35 sx Premium Plus cement containing 2% CaCl at 3982'. WOC 3 hrs. Tagged top of cement at 3636'. Circulated hole with mud laden fluid.
- 7-10-87 - Cut 4 1/2" casing at 2200'. Layed down 2200' 4 1/2" casing.
- 7-11-87 - Spotted 55 sx Premium Plus containing 2% CaCl at 2250' (50' inside 4 1/2" casing stub). WOC 3 hrs. Tagged top of cement at 2140'. Spotted 100 sx Premium Plus containing 2% CaCl at 1615'. WOC 7 hrs. Unable to tag. Spotted 100 sx Premium Plus at 1615'. SION.
- 7-12-87 - Tag top of cement at 1544' (21' inside 8 5/8" casing). Spotted 20 sx Class "C" from 1544' to 1472'. Spotted 15 sx Class "C" from 60' to surface.
- 7-20-87 - Cut casing off. Installed P&A monument.

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

SIGNED Kelly Ann TITLE Engineer DATE 7-22-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side

APPROVED
PETER W. CHESTER

AUG 11 1987

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

100-16157