

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. N.M.-65342
2. NAME OF OPERATOR Bell, Foy & Middlebrook, Ltd.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 310 W. Texas Suite 210, Midland, Texas 79701	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 1650' FWL, 1980' FSL, NE/4 SW/4, Unit Letter K.	8. FARM OR LEASE NAME Middlebrook 3
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 4094 Gr.	10. FIELD AND POOL, OR WILDCAT Wildcat
	11. SEC., T., S., R., OR BLM. AND SURVEY OR AREA Sec. 3, T-10-S, R-30-E
	12. COUNTY OR PARISH Chaves
	13. STATE New Mexico

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"/>

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"/>	

(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.)

12-31-86 3:00pm, Spud well with rat hole digger, T.D. 40'

1-3-87 9:00am, Spud well with Rotary Rig. Set 455' 13 3/8" 68#, J-55, ST&C casing. Cemented with 450 sacks, class "C", 2% CaCl, Circulated 50 sacks to reserve pits.

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

SIGNED

TITLE General Partner

DATE 1-5-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
DAVID W. CHESTER
JAN 14 1987
BUREAU OF LAND MANAGEMENT
RESOURCE AREA