

N. M. OIL & GAS COMMISSION  
UN. ED STATES P. O. BOX 1000  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Bell, Foy &amp; Middlebrook, Ltd.</p> <p>3. ADDRESS OF OPERATOR 310 West Texas, Suite 210, Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1980' FWL, 990' FNL, Unit letter C.</p>		<p>5. LEASE DESIGNATION AND SERIAL NO NM-60052</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Culp Ranch</p> <p>8. FARM OR LEASE NAME Culp Ranch Unit</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Wildcat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-12-S, R-30-E</p> <p>12. COUNTY OR PARISH Chaves</p> <p>13. STATE New Mexico</p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) G1 4006'	

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	
MULTIPLE COMPLETE	<input type="checkbox"/>		
ABANDON*	<input type="checkbox"/>		
CHANGE PLANS	<input type="checkbox"/>		

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.)\*  
  
Set intermediate casing ☒

9-26-87

Ran 69 joints 8 5/8" casing, 1010' 32# J-55, 1970' 24#, J-55. Set at 2980' KB.

Cemented with 1250 sacks Halliburton Lite, 200 sacks Class "C", 2% CaCl. Plug down 5:00 pm MDST. Circulated 130 sacks to pits.

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

SIGNED

TITLE General Partner

DATE 9-28-87

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
PETER W. CHESTER  
DATE

OCT 1 1987

BUREAU OF LAND MANAGEMENT  
WELL RESOURCE AREA

\*See Instructions on Reverse Side

RECEIVED  
OCT 2 1987  
OCD  
HOBBBS OFFICE