APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

II. M. sexulvas, di **ED STATES** Ut DEPARTMENT OF THE INTERPOR BOX 1920

Budget Burcan N Expires August 31, 1985.

LEASE DESIGNATION AND SERIAL

BUREAU OF LAND MANAGEMENHOBES, NEW MEXICO 88240 IF INDIAN, ALLOTTRE OR TRIBE 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.) 7. UNIT AGREEMENT NAME WELL X WELL. S. FARM OR LEASE NAME NAME OF OPERATOR Isler Federal Texaco Producing Inc. S WELL NO. ADDRESS OF OPERATOR PO Box 728, Hobbs, New Mexico 88240 LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) 10. FIELD AND POOL OR WILDCAT Many Gates Wolfcamp At surface 11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Unit Letter N, 330' FSL & 1980' FWL S29, T9S, R30E 12. COUNTY OR PARISH; 13. STATE 14. PERMIT NO 15 ELEVATIONS (Show whether DF, R), GR, etc.) 4060' GL 16 Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO SUBSCOUENT REPORT OF : PULL OR ALTER CASING REPAIRING WELL WATER SHUT-OFF TEST WATER SHUT-OFF FRACTURE TREATMENT ALTERING CASING FRACTURE TREAT ABANDOS* SHOOTING OR ACIDIZING ABANDON MENT* SHOOT OR ACIDIZE Drilling REPAIR WELL NOTE: Report results of multiple completion on Weil Completion or Recompletion Report and Log form.) (Other) 17. DESCRIBE PROPOSED OR COMPLETE: 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.). Spud 17 1/2" hole at 2:30 PM, 10/10/87Ran 20 jts. (851') 13 3/8", 54.5#, K-55, ST & C casing, set at 867'. Ran 50 jts. (2128') 8 5/8", 24#, J-55, LT & C casing, set at 2142'. 1. 2. Cement with 800 sxs. Lightweight 15# salt, 1/4# Flocele, 200 sxs. Class "H" 1/4# Flocele. PD 9:00 AM, 10/21/87. Circulated 240 Test 8 5/8" casing to 1000 psi, from 3:00 to 3:30 PM, 3. Test, OK. 397-3571 18. I hereby certify that the foregoing is true and correct 10/23/87 TITLE Hobbs Area Superint. SIGNED DATE (This space for Federal or State office use) ACCEPTED FOR RECORD DATE ER W. CHESTER

*See Instructions on Reverse Side

TITLE

BUREAU OF LAND MANAGEMENT

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