

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
B.O.B. 8041986
HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPLICATE
Instructions on reverse side

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Culp Ranch
2. NAME OF OPERATOR Foy and Middlebrook		8. FARM OR LEASE NAME Culp Ranch Unit
3. ADDRESS OF OPERATOR 310 W. Texas, Suite 210, Midland, Texas 79701		9. WELL NO. 2
4. LOCATION OF WELL. (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 990' NWL (Unit letter)		10. FIELD AND POOL, OR WILLACAT Graham Springs Devonian
14. PERMIT NO.		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11, T-12-S, R-30-E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) KB 4011' GL 3993'		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"/>	FULL 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"/>
(Other)	<input type="checkbox"/>		

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 checked="" type="checkbox"/>	Water Supply Well	XX

(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.)

A water supply well was drilled June 10, 1988. The location of this well is shown on the attached plat. As requested by your office the well location has been surveyed and is located 700' FNL and 315' FWL of Section 11, T-12-S, R-30-E, Chaves County, New Mexico.

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

SIGNED Shawn Foy
(This space for Federal or State office use)

TITLE Partner

DATE 7-28-88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

JUL 29 1988

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side