

UNITED STATES N. M. LAND COMMISSION
DEPARTMENT OF THE INTERIOR (Other Instructions on Box 1980)
BUREAU OF LAND MANAGEMENT HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 1004-111
Expires August 31, 1985
3. LEASE DESIGNATION AND SERIAL NO.
NM-60052

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 ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
Foy and Middlebrook Ltd
3. ADDRESS OF OPERATOR
310 W. Texas, Suite 210, Midland, TX 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
990' FWL & 330' FNL, Unit Letter D
14. PERMIT NO
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3993' GL

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Culp Ranch Unit
8. FARM OR LEASE NAME
Culp Ranch Unit
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Graham Springs-Devonia
11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA
Sec. 11-12S-30E
12. COUNTY OR PARISH
Chaves
13. STATE
NM

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"/>
(Other)	<input checked="" type="checkbox"/> Change location	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

17. DESCRIBE PROMISED 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.)

CHANGE OF LOCATION

From: 660' FWL & 660' FNL
To: 990' FWL & 330' FNL

Plan to commence operations 6-1-88.

RECEIVED
APR 8 8 31 AM '88
BUREAU OF LAND MGT
ROSSELL RESOURCE
AREA

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

SIGNED Steve R. Foy TITLE General Partner DATE 4-7-88
(This space for Federal or State office use)

APPROVED BY /s/ Gary Wood TITLE Acting Area Manager
CONDITIONS OF APPROVAL, IF ANY:
PROPOSED LOCATION APPLY TO THIS NEW LOCATION

*See Instructions on Reverse Side

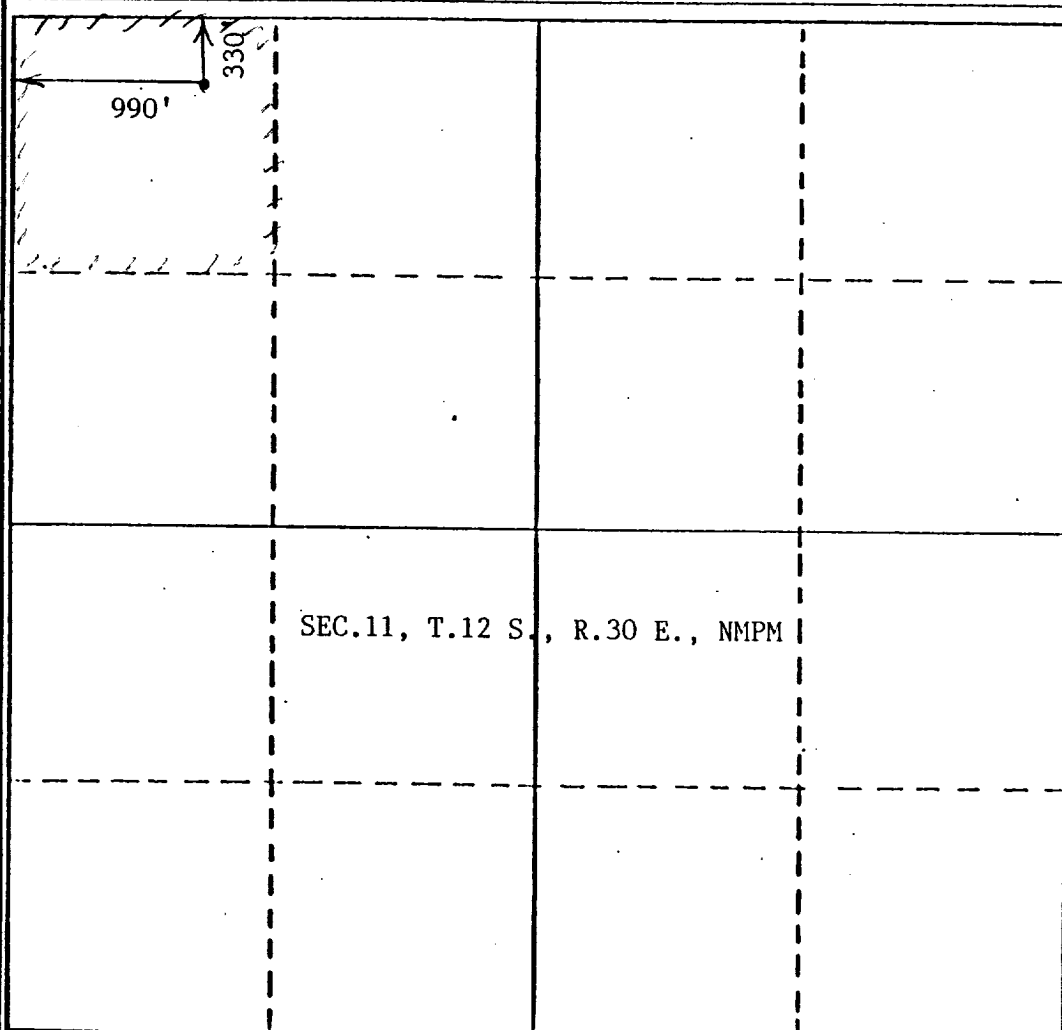
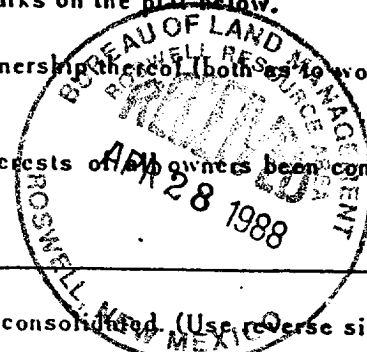
Operator BELL, FOY & MIDDLEBROOK, LTD.		Lease CULP RANCH UNIT			Well No. #2
Unit Letter D	Section 11	Township 12 SOUTH	Range 30 EAST	County CHAVES	
Actual Footage Location of Well: 330 feet from the NORTH line and 990 feet from the WEST line					
Ground Level Elev. 3993	Producing Formation DEVONIAN		Pool	Dedicated Acreage Acres	

1. Outline the acreage dedicated to the subject well by colored pencil or hatchure marks on the plot below.
2. If more than one lease is dedicated to the well, outline each and identify the ownership thereof (both as to working interest and royalty).
3. If more than one lease of different ownership is dedicated to the well, have the interests of all owners been consolidated by communitization, unitization, force-pooling, etc?

☐ Yes ☐ No If answer is "yes," type of consolidation _____

If answer is "no," list the owners and tract descriptions which have actually been consolidated. (Use reverse side of this form if necessary.) _____

No allowable will be assigned to the well until all interests have been consolidated (by communitization, unitization, forced-pooling, or otherwise) or until a non-standard unit, eliminating such interests, has been approved by the Division.



CERTIFICATION

I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief.

Name _____

Position _____

Company _____

Date _____

I hereby certify that the well location shown on this plot was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my knowledge and belief.

Date Surveyed _____

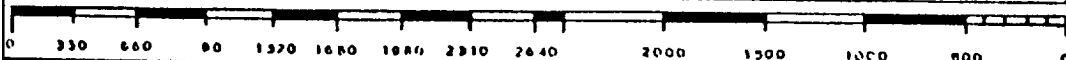
APRIL 28 1988

Registered Professional Engineer and/or Land Surveyor

John D. Jaquess, P.E., L.S.

Certificate No. _____

8290



RECEIVED

JUN 6 1988

OCD
OFFICE