

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Conservation Commission  
Prayer DE  
NM 88210  
SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

N. M. OIL CON. COMMISSION  
P. Form approved.  
Budget Bureau No. 1004-0135  
HC 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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Kelt Oil & Gas, Inc.	8. FARM OR LEASE NAME Winkler Fed
3. ADDRESS OF OPERATOR P.O. Box 1493, Roswell, NM 88201	9. WELL NO. #4 and #7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Winkler Fed #4 SWSW 28-T8S-R30E " " #5 NWSE " " " " " #7 NWSW " " "	10. FIELD AND POOL, OR WILDCAT Cato-San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 28 T8S-R30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE Chaves Co. 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) \*

Kelt Oil & Gas plans to test csg. on the above named wells.  
The testing program is as follows:

1. Remove existing rods & tbg.
2. Run-in-hole with pkr. and workstring of tbg.
3. Set pkr. above top perf.
4. Load backside with fresh wtr.
5. Pressure backside to 500 psi for 30min.
6. If pressure holds- O.K.
7. If pressure does not hold- release pkr. and come up-hole setting and releasing pkr. trying to isolate pressure loss on the backside.

We plan to commence testing Apr-May '89.

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

SIGNED Mark A. Degehant

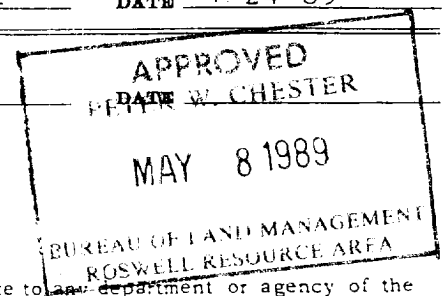
TITLE Petroleum Engineer

DATE 4-24-89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_



\*See Instructions on Reverse Side