DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT N.M. OII COnsidered Bureau Nd ⁻¹⁰⁰⁴⁻⁰¹³⁵ Department of the INTERIOR BUREAU OF LAND MANAGEMENT P. I 1980 Expires: March 31, 1993 BUREAU OF LAND MANAGEMENT P. I 1980 Expires: March 31, 1993 BUREAU OF LAND MANAGEMENT P. I 1980 Expires: March 31, 1993 BUREAU OF LAND MANAGEMENT Hobbs, NM 882(2) 6. If Indian, Allottee or Tribe Name Bo not use this form for proposals to drill or to deepen or reentry to a different reservoir. 6. If Indian, Allottee or Tribe Name Do not use this form for proposals to drill or to deepen or reentry to a different reservoir. 7. If Unit or CA, Agreement Designation EVISION Well Gas INJECTION Well Gas INJECTION Well Gas INJECTION 3. Address and Telephone No. 30 0025 33949 10 Desta Dr., Suite KOW, Midland, TX 79705-4500, 95 686-5424 or 915 684-6381 10. Feld and Pool, or Exploratory Area 41 Location of Well (Footage, Sec., T., R., M., or Survey Description) 11. County or Parish, State Surface: 1600 FNL & 1866 FWL 11. County or Parish, State Location of Well (Footage, Sec. 20, TI7S, R32E T. INTRIPLICATE <t< th=""><th>F 2460 F</th><th>INIT</th><th>ED STATES</th><th></th><th>FORM APPROVED</th></t<>	F 2460 F	INIT	ED STATES		FORM APPROVED
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Hobbe, NM B22 Locco. Do not use this form for proposals to diff or to degen or restry to a different restry. Use YAPPLICATION FOR PERMIT -' for such proposals SUBMIT IN TRIPLICATE Type d'Will Colspan="2">Provide and the barry of the barry	(June 1350)			P.C 1 19	80 Expires: March 31, 1993
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Weil	1. Type of Well				-
Area of Detection Vertex Vert					
CONCOUNT: Control of biology and the formation of the server of the sen	2. Name of Operator				
10 Desta Dr., Suite 500V, Midland, TX 79705-4500, 96 696-5424 or as 684-530 00.05 538-49 10 Desta Dr., Suite 500V, Midland, TX 79705-4500, 96 696-5424 or as 684-530 10 February and Pock or Exploratory Area Malphane Stream Surface: 1900 FNL 3 1965 FWL 10 February Desta Pock, 10 February Description Surface: 1900 FNL 3 1965 FWL 10 Cost State 12 CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA TYPE OF SUBMISSION TYPE OF ACTION Notice of Intert Abandomment Subsequent Report Bandomment Subsequent Report Bandomment Notice T3 Descript Proposed of Completed Operators (Chainfy state) and polymer states, and pare petitient dates, moding estimate date or dating any proposed work. If well is discription of the well of the well of the well is discription of the well is discription of the well is discription of the well of the w			9. API Well No.		
	Address and Telephone No.				
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TD: Same Lea County, NM Lea County,		11. County or Parish, State			
TYPE OF SUBMISSION TYPE OF ACTION Notice of Intent Abandonment Change of Plans Subsequent Report Plaging Back New Construction Subsequent Report Change of Plans New Construction Final Abandonment Notce Plaging Back New Construction Subsequent Report Casing Repair Water Shut-Off Subsequent Report Casing Repair Water Shut-Off The Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent details, finduating estimated and rule vertical depths for all markers and zones pertinent details and provided work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent details. The efficience of a starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent details. Starting and give subsurface locations and measured and true vertical depths for all markers and zones pertinent details. Starting and give subsurface for all the starting and g					Lea County, NM
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Recompletion R	TYPE OF SUE			TYPE OF ACTION	
Subsequent Report Plugging Back Orrestore Producting Water Shut-Off Casing Repair Conversion to Injection Attering Casing Conversion to Injection Attering Casing Conversion to Injection Attering Casing & Release Rig Dispose Water (the Ruon reak of marke something on any person throwing) and withilly to make to any department or agency of the United States any false, forthous or fraudulent Ander Report Tage Rely State of a person throwing) and withilly to make to any department or agency of the United States any false, forthous or fraudulent Tage Rely States and person throwing) and withilly to make to any department or agency of the United States any false, forthous or fraudulent Tage Rely States and any person throwing) and withilly to make to any department or agency of the United States any false, forthous or fraudulent	Notice of Int	ent	Abar	ndonment	Change of Plans
Subsequent report Insulance state of any person knowingly and wilfully to make to any department or agency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent Anser a gency of the United States any false, footboas or fraudulent			Recc	ompletion	New Construction
Final Abandonment Notice Attering Casing Conversion to Injection Attering Casing Conversion to Injection Conversion	X Subsequent	Report	Plug	ging Back	Non-Routine Fracturing
Image: Addition the Notice Image: Sector Sector Notice Proposed vortex Image: Sector Sector Notice Proposed vortex Image: Sector Sector Notice Proposed vortex 13: 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.)* 7-18-97: Ran 12,100' of 5 U2", 17#, L-80 casing, cemented with lead slurry of 766 sx CI H + 1.3% flo-blok, 210 + 0.3% CD-32 + 0.4% R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake. WOC. Rig released 7-19-97. Image: Sector Picture Pi			Casi	ing Repair	Water Shut-Off
	Final Aband	onment Notice	Altering Casing		Conversion to Injection
Complete 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.)* 7-I8-97: Ran I2,100' of 5 I/2", 17#, L-80 casing, cemented with lead slurry of 766 sx CI H + I.3% flo-blok, 210 + 0.3% CD-32 + 0.4% R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake, tailed with 304 sx CI H, + 1.3% flo-blok 210 + 0.3% CD-32 + 0.35 R-3 + 0.2% SM + 0.50 PPS cello-flake. WOC. Rig released 7-I9-97. ACCEPTED FOR RECORD AUG 20 1097 BLM AUG 20 1097 BLM The RECORD AUG 20 1097 BLM The RECORD AUG 20 1097 BLM The RECOLATORY AGENT Date 8-7-97 Trite Date The State office use) Approved by Conditions of approval, if any The SUSC. Section 1001, makes it a crime for any person knowingly and wilfully to make to any department or agency of the United States any false, forthous or fraudulent			X Other	TD, Prod. Casing & Release Rig	
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14. I hereby certify that the foregoing is frue and correct Signed Ann E. Ritchie Signed Title REGULATORY AGENT Date 8-7-97 (This space for Federal or State office use) Approved by Title Conditions of approval, if any: I' Tritle 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictifious or fraudulent statements or representations as to any matter within its jurisdiction.	7-18-97: Ran 12,100 210 + 0 31	0' of 5 I/2", I7#, L-80 casin % CD-32 + 0 4% R-3 + 0.	g, cemented with lead 2% SM + 0.50 PPS ce	slurry of 766 sx Cl H + I ello-flake, tailed with 304	.3% flo-blok, I sx Cl H,
Signed Ann E. Ritchie Date 8-7-97 (This space for Federal or State office use) Title REGULATORY AGENT Date 8-7-97 (This space for Federal or State office use) Title Date 8-7-97 (This space for Federal or State office use) Title Date	Rig relea	sed 7-19-97.			RECORD AVID & GLASS 1997
Signed Image: Milling Mi	14. I hereby certify that the fore	A HA			Date 8-7-97
Approved by Title Date Conditions of approval, if any: <i>j</i> ? Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.					
Conditions of approval, if any: <i>f</i> ¹ Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.	And the second s	-	2		Date
statements or representations as to any matter within its jurisdiction.	Conditions of approval, if any			<u></u>	
statements or representations as to any matter within its junisdiction. *See Instruction on Reverse Side	Title 18 U.S.C. Section 1001, ma	akes it a crime for any person knowing	ly and willfully to make to any d	department or agency of the United	States any false, fictitious or fraudulent
	statements or representations as		*See Instruction on R	everse Side	

orm 3160-5 lune 1990)	UNITED STATES DEPARTMENT OF THE INT BUREAU OF LAND MANAG	P.O. Box	IM 8824 Lease Designation and Serial No.
c	SUNDRY NOTICES AND REPOR	TS ON WELLS	LC 029405A 6. If Indian, Allottee or Tribe Name
	is to drill or to deepen or reentry to		
Use "APPLICATION F	OR PERMIT for such proposals		7. If Unit or CA, Agreement Designation
	SUBMIT IN TRIPLICAT	E	
Type of Well			
X Oil Gas IN Well Well Other			B. V
Name of Operator	Etvis Well #4		
			9. API Well No.
Address and Telephone No.			30 025 33949
10 DESTA DR. STE 100W, M	IDLAND, TX. 79705 (915) 686 - 542	4 915 684-6381	10. Field and Pool, or Exploratory Area
Location of Well (Footage, Sec., T., R.,	Maljamar Strawn		
Surface: 1660 FNL & 1866 FV	11. County or Parish, State		
Location: Sec 20, TI7S, R32I TD: Same	E		Lea County, NM
	E BOX(s) TO INDICATE NATU	RE OF NOTICE, REPORT,	OR OTHER DATA
TYPE OF SUBMISSIO	DN	TYPE OF ACT	ON
Notice of Intent		Abandonment	Change of Plans
		Recompletion	New Construction
X Subsequent Report		Plugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final Abandonment	Notice	Altering Casing	Conversion to Injection
		X Other: Set casing	Dispose Water
			(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
6-2-97: Ran 4600', 8 5/ gel. 3% salt. ,3'	8", 32#, K-55, LT & C casing, ce % CD-32, .2% SMS, tailed with % SMS. Tested casing to 2250	emented with lead slurry of 9 990 sx Cl C + I.I% FL-62, I% psi - held ok. WOC.	원 20 sx, CIC + 58쪽 - 그
	JUN 121	997	FICE FICE
14. I hereby certify that the foregoing is to Signed	yde and confect Ann E. Ritch Title REGULAT	acal	
Signed Child Cult (This space for Federal or State office	yde end confect Ann E. Ritch Title REGULAT e use)	DAA Nie FORY AGENT	Date <u>6-7-97</u>
Signed Child Current of State office (This space for Federal or State office Approved by Conditions of approval, if any:	e use)	nie TORY AGENT	Date <u>6-7-97</u>

*See Instruction on Reverse Side