

UNITED STATES
DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

HOBBS, NEW MEXICO 88240
SUBMIT IN TRIPPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-56251
2. NAME OF OPERATOR Spectrum 7 Exploration Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1610 North J, Midland, Texas 79701		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL		8. FARM OR LEASE NAME Federal 12
14. PERMIT NO. 30-025-263311		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3656.5' GR		10. FIELD AND POOL, OR WILDCAT West Tonto Lee Bone Springs
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T19S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE N. Mex.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL 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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) reperforate in same zone	<input checked="" 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.)*

Moved in service unit on 1/28/86. Set cement retainer @ 8787' and squeezed with 125 sx Class H cement, shutting off old perfs (8795' to 8820'). Perforated 8716', 18', 22', 26', 28', 36', 40', 42', 46' & 8751' w/1 shot/interval (10 holes). Acidized w/500 gals 15% acid. Fraced w/30,000 gals. Mini-Max III-40, 41,000# 20/40 sand & 2,000# 12/20 sand. Swab tested well. Released service unit 2/12/86. Waiting on pumping unit and battery.

ACCEPTED FOR RECORD

FEB 23 1986

CAPITOL, NEW MEXICO

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

SIGNED Nesle A Taylor

TITLE Petroleum Consultant

DATE 2/16/86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE