

**UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY**

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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 ☐		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. 30-025-26331		9. WELL NO. 1	
15. ELEVATIONS (Show whether LE, RT, GL, etc.) 3656.5' GR		10. FIELD AND POOL, OR WILDCAT Lea Bone Springs	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T19S, R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N. Mex.	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	FULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)	☐		☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOTING OR ACIDIZING	☒	ABANDONMENT*	☐
(Other)	☐		☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give 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.)*

M.I. & R.U.S.U. PBTD 8912'. Ran bond log - T.O.C. 7500'. W.I.H. w/4" perforating gun and perforated 8795' to 8826' w/1 shot/ft. (25 holes). Acidized w/4000 gals. 15% DS-30 acid w/WNFE & clay stabilizer. Swab tested well. Shut well in on 10/18/85. Preparing to test well with rental pumping unit.

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

SIGNED Neal A. Taylor TITLE Agent DATE 10/21/85

(This space for Federal or State office use)

APPROVED BY SWD ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

OCT 23 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

OCT 24 1985

O.C.D.
HOBBY OFFICE