

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**FEDERAL NM-25513**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 <b>ITFG ENTERPRISE</b>	8. FARM OR LEASE NAME <b>PE-JE-AN</b>
3. ADDRESS OF OPERATOR <b>P.O. Box 100, ARTESIA, NEW MEXICO</b>	9. WELL NO. <b>1</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>UNIT K, 1980' FSL + 1980' FWL SEC 26 - T18S - R32E</b>	10. FIELD AND POOL, OR WILDCAT <b>WOLFCAMP / WILDCAT</b>
14. PERMIT NO. <b>API 30-02502956</b>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SEC 26-18S-32E.</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3742 GR.</b>	12. COUNTY OR PARISH <b>LEA</b>
	13. STATE <b>N.M.</b>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☒

SHOOTING OR ACIDIZING ☒

(Other) **COMPLETING.**

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

(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.)\*

4-1-86 RAN Bond Log + COLLAR LOCATOR. PERF 2 shots PER/FT 10576-10584. Picked up TBG + PKR Acidize 1000 gal 15% ACID.  
4-2-86 SWAB BACK ALL SULPHUR WATER - NO SHOW  
4-4-86 Set C.I.B.P. AT 10560'. SET 50 FT CEMENT ON TOP. B.P. PERF 11-holes 10471-76 + 10478-80: ACIDIZE 1000 gal ACID.  
4-5-86 SWAB BACK ALL SULPHUR WATER - NO SHOW.  
4-7-86 Set C.I.B.P. AT 10455. SPOT 50 FT CEMENT CAP. ABANDON WOLFCAMP ZONE: WILL TEST BONE SPRING FORMATION

ACCEPTED FOR RECORD

SEE ATTACH REPORT.

MAY 20 1986

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CARLSBAD, NEW MEXICO