

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
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"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>NM-0175774</b>
2. NAME OF OPERATOR <b>WOODBINE PETROLEUM, INC.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>1445 Ross Avenue, Suite 5600 Dallas, TX 75202</b>		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 <b>1650' FNL 330' FWL</b>		8. FARM OR LEASE NAME <b>Mobil Federal</b>
14. PERMIT NO.		9. WELL NO. <b>#1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3589 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>West Lusk Delaware</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>21, T19S, 32E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>NM</b>

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 COMPLETE <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.)\*

TD at 6700' on 6/27/88. On 6/28/88 ran 5½" 15.50 J-55 casing to 6692' total of 162 jts. Cement with 875 sks. Class "C" cement. Tested casin with 2500# - tested ok. On 7/1/88 perforated 6469 - 6479 2 spf. On 7/5/88 acidized with 2000 gallons 15% acid recovered 48 bbls. of acid and 25 bbls. of salt water.

RECEIVED  
Aug 5 12 52 PM '88  
CARTER  
AREA

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

SIGNED *Robert D. Shackelford*

TITLE Executive Vice President

DATE Aug. 4, 1988

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side