

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. COMMISSION
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
80240

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. LC 065710	
2. NAME OF OPERATOR WOODBINE PETROLEUM, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1445 ROSS AVE., SUITE 5600 DALLAS, TEXAS 75202		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 990' FNL & 1650' FWL		8. FARM OR LEASE NAME AMOCO FEDERAL	
14. PERMIT NO.		9. WELL NO. #2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3596 GR		10. FIELD AND POOL, OR WILDCAT WEST LUSK DELAWARE	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21, T19S, R32E	
		12. COUNTY OR PARISH LEA	13. STATE NEW MEXICO

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"/> Surface <input type="checkbox"/> Casing <input checked="" 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.) *

Spudded well at 9:45 am March 9, 1989.
On March 10, 1989 ran 12 jts of 13 3/8" 48# & 54# casing and set at 459'. Cemented with 475 sks of Class C w/2% CACL. Plug down at 9:45 pm March 9, 1989.
Circulated 153 sks of cement.

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

SIGNED [Signature]

TITLE Executive Vice President

DATE 3-23-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

APR 1 8 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

RECEIVED

APR 24 1989

OCD
HOBBS OFFICE