

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1800
HOBBS, NEW MEXICO 88240

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>American Exploration Company</u>	8. FARM OR LEASE NAME <u>Federal</u>
3. ADDRESS OF OPERATOR <u>P. O. Box 1885 Eunice, NM 88231</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <u>At surface</u> <u>G, 1650' FNL, 2310' FEL</u>	10. FIELD AND POOL, OR WILDCAT <u>Pearsall Queen</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 4, T18S, R32E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3869 GL</u>	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>NM</u>

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 checked="" type="checkbox"/>	CHANGE PLANE	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

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

(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.) *

- * There is currently a CIBP @ 3650± (Perfs @ 3726'-36')
- * We intend on locating casing leak w/RBP & pkr and setting a cement retainer 50' above top leak and attempt to circulate cement to surface.
- * Cement will not be drilled out at this time, however, we do intend on placing the well back on production at a later date at which time cement will be drilled out.

RECEIVED
AUG 10 11 40 AM '89

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

SIGNED Donnie Hill TITLE Regional Superintendent DATE August 8, 1989
(This space for Federal or State office use)
APPROVED BY (ORIG. SCD) DAVID R. GLASS PETROLEUM TITLE REGIONAL SUPERINTENDENT DATE 8-8-89
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 28 1989

OCD
HOBBS OFFICE