

UNITED STATES DEPARTMENT OF THE INTERIOR BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Budget Bureau No. 1004-011 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 [] GAS WELL [] OTHER [] Salt Water Disposal Well
2. NAME OF OPERATOR St. Clair Energy Corporation
3. ADDRESS OF OPERATOR P.O. Box 1392 Midland, Texas 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FN & E Lines of Section 25 Unit G
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OK, etc.) 3766 GR

5. LEASE DESIGNATION AND SERIAL NO. NM 086
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
7. UNIT AGREEMENT NAME -
8. FARM OR LEASE NAME Superior Federal
9. WELL NO. 7
10. FIELD AND POOL, OR WILDCAT Pearl Queen
11. SEC., T., R., M., OR BLD. AND SURVEY OR AREA 25, T-19-S, R-34-E
12. COUNTY OR PARISH Lea 13. STATE New Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO: TEST WATER SHUT OFF [] PULL OR ALTER CASING [] WATER SHUT OFF [] REPAIRING WELL [X]
FRACTURE TREAT [] MULTIPLE COMPLETE [] FRACTURE TREATMENT [] ALTERING CASING []
SHOOT OR ACIDIZE [] ABANDON* [] SHOOTING OR ACIDIZING [] ABANDONMENT* []
REPAIR WELL [] CHANGE PLANS [] (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.)
1. Checked for Tubing Leaks
2. Found holes @ 3560' & 3800'
3. Replaced bad joints with new tubing
4. Test tubing to 5000#
5. Ran New AD-1 Baker Packer & Tubing and set Packer @ 4034'
6. Fill annulus with packer fluid
7. Tested Casing - 300# for 15 min. - Held O.K.
8. Resume injection into Queen Formation.

RECEIVED JAN 15 10 42 AM '90
ACCEPTED FOR RECORD JAN 23 1990 CARLSBAD NEW MEXICO
RECEIVED JAN 16 12 25 PM '90

18. I hereby certify that the foregoing is true and correct
SIGNED George Van Hise TITLE Agent DATE 1-15-90
APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side