

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0133  
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. NM-24166
2. NAME OF OPERATOR POE PROPERTIES, INC.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Box 9769, Fort Worth, Texas 76102	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 660' FNL & 330' FEL of Section (Unit A) (NE $\frac{1}{4}$ NE $\frac{1}{4}$ )	8. FARM OR LEASE NAME SPRINKLE FEDERAL
14. PERMIT NO. ---	9. WELL NO. 2
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3865' G.L.	10. FIELD AND POOL, OR WILDCAT Scharb - Wolfcamp
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-19S-35E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 PLANT <input type="checkbox"/>	(Other) <input type="checkbox"/>	

Recomplete in Bone Springs X

(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.)\*

Total Depth: 10,750'  
5 $\frac{1}{2}$ " - 10750' - 700 sacks (TC @ 7950')

Production from the Wolfcamp Zone, 10544 - 10560', has declined to 2 - 3 BOPD.

We propose to abandon the Wolfcamp Zone by setting a bridge plug at approximately 10,500' and recomplete the well in the Bone Springs formation by selectively perforating the 5 $\frac{1}{2}$ " casing between 9500 - 9650'.

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

SIGNED

*James A. Knauf*  
James A. Knauf  
(This space for Federal or State office use)  
Orig. Sgd. Charles S. Knauf

TITLE

Agent

DATE

7-15-85

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

8-7-85

\*See Instructions on Reverse Side

RECEIVED

AUG - 8 1985

RECEIVED