

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0103
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.

NM-59044

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Cavalcade "21" Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Young Wolfcamp

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 21, T18S, R32E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

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

2. NAME OF OPERATOR

Cavalcade Oil Corporation

3. ADDRESS OF OPERATOR

P.O. Box 16187, Lubbock, Texas 79490

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

660' FSL & 1650' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3760.6 GR

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

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.)*

Tested Bone Springs formation from 9760-9768' w/2 SPF. Acidized w/4000 gals. 15% HCL. Break down pressure 5000 psi - Bone Springs formation too tight to produce fluids. Well swabbed dry - no show of gas. Dry and abandoned. Reenter Wolfcamp formation and put on production.

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

SIGNED

Michael G. Mooney

TITLE Production and Drilling Mgr. DATE 2/19/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 21 1985

*See Instructions on Reverse Side

RECEIVED

FEB 25 1985

O.C.P.
HOBBS OFFICE