

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. PUBLIC LANDS COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Budget Circular No. 1007-0100
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 CAVALCADE OIL CORPORATION		8. FARM OR LEASE NAME Cavalcade "21" Federal
3. ADDRESS OF OPERATOR P. O. Box 16187, Lubbock, TX 79490		9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 400' FSL & 660' FEL		10. FIELD AND POOL, OR WILDCAT Undesignated
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T18S, R32E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3750.8 GR		12. COUNTY OR PARISH Lea
		13. STATE NM

16. 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 checked="" 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"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.) *

Spud well @ 5:40 p.m. - 10/04/85 - Drill 12 1/4" hole to 422' - Set 8 5/8" surface casing @ 420'. Cement with 250 sx Class "C" + 2% CaCl₂. Circulated 75 sx of cement at surface. 10/05/85 - Nipple up double Ram BOP and pressure tested. Results of BOP test will be mailed shortly. The BLM office in Hobbs was notified in advance on each procedure state above.

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

SIGNED <i>[Signature]</i>	TITLE Drlg & Prod Manager	DATE 10/10/85
(This space for Federal or State office use)		
APPROVED BY <i>[Signature]</i>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

OCT 11 1985

*See Instructions on Reverse Side

RECEIVED

OCT 15 1985

O.C.D.
HOBBS OFFICE