

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

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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. 5
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 1800' 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.) 3754.4 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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PLUG OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

10/14/85 - Spud well @ 2:05 p.m. - Drill 12 1/4" hole to 415'. Set 8 5/8" surface casing @ 415'. Cement with 250 sx Class "C" + 2% CaCl₂. Circulated 80 sx of cement at surface.

10/15/85 - Nipple up double ram BOP and pressure tested. The BLM office in Hobbs was notified prior to the start of each procedure stated above.

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

SIGNED

TITLE Manager of Drlg & Prod

DATE 10/15/85

(This space for Federal or State office use)

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

TITLE

DATE

OCT 21 1985

*See Instructions on Reverse Side

CARISBAD, NEW MEXICO

RECEIVED

OCT 22 1985

O.C.D. OFFICE
HOBBS OFFICE