

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

API # 30-025-29806

Form approved.
Budget Bureau No. 42-R1424.

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 <i>Hamon Operating Company (Bill Cozart 915/697-1762)</i>		8. FARM OR LEASE NAME <i>Davis Federal</i>	
3. ADDRESS OF OPERATOR <i>3900 Rep. Bk. Twr., 325 N. St. Paul, Dallas, Tx. 75201-3902</i>		9. WELL NO. <i>3</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>2130' FSL ÷ 660' FEL of Section</i> <i>(Unit 1 NE 1/4 SE 1/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>South Knowles Devonian</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA <i>Sec. 13 - 17S-38E</i>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3675.7 GR</i>		12. COUNTY OR PARISH <i>Lea</i>	
		13. STATE <i>N.M.</i>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <i>Running 8 5/8" Int. Csg.</i>	<input checked="" type="checkbox"/>

(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. Drilled 12 1/4" hole to 5000'
2. Ran 8 5/8", 24" ÷ 32", K-55 ÷ S-80, Stc csg. set @ 4998.16 1-8-87
3. Cemented w/ 2225 sx, Pacesetter Lite + 6% bel mixed @ 12.4#/gal, Yld. 1.99. Tailed in w/ 300 sx, Class "C" mixed @ 14.8 #/gal, Yld. 1.32. Displaced w/ 308 BFW. Bumped Plug w/ 2000* by Western. @ 11:00 PM, 1-8-87.
4. N.U. 10" sm BOP, Pressure tested to 2000* for 1/2 hr. w/ no press. loss.
5. Started D-13 7 7/8" hole 1-9-87

ACCEPTED FOR RECORD

JAN 16 1987

Jm
CARLSBAD, NEW MEXICO



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

SIGNED *B.W. Cozart* (B.W. Cozart) TITLE *Dist. Op. Supt.*

DATE *1-9-87*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE