

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"/>		4. LEASE DESIGNATION AND SERIAL NO. N.M. 0775
2. NAME OF OPERATOR Hamon Operating Company (Bill Cozart 915/697-1762)		5. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 3900 Rep. Bk. Twr., 325 N. St. Paul, Dallas, Tx. 75201-3902		6. UNIT AGREEMENT NAME
7. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2130' FSL ± 660' FAL of Section (Unit 1 NE 1/4 SE 1/4)		8. FARM OR LEASE NAME Davis Federal
14. PERMIT NO.		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3675.76R		10. FIELD AND POOL, OR WILDCAT South Knowles Devonian
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13 - 17S-38E
		12. COUNTY OR PARISH Lee
		13. STATE N.M.

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"/>		<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) Running 8 5/8" Int. Csg.	<input checked="" type="checkbox"/>		<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 ± 5-80, 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 Dals 7 7/8" hole 1-9-87

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

SIGNED B.W. Cozart (B.W. Cozart) TITLE Dist. DP. Supt.

DATE 1-9-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____