

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC 046164 B	
2. NAME OF OPERATOR Hamon Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3900 Rep. Bk. Twr., 325 N. St. Paul, Dallas, Texas 75201		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 600' FSL & 1980' FWL, Sec. 17, T-20-S, R-36-E 660		8. FARM OR LEASE NAME Amerada Federal	
14. PERMIT NO. API No. 30 02521799		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3640 KB		10. FIELD AND POOL, OR WILDCAT Mudco, N. (Morrow)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 17-20-36	
		12. COUNTY OR PARISH Lea	
		13. STATE N M	

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 checked="" type="checkbox"/>
(Other) <input 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.)

1-13-87 Cut 7" casing @ 7000'  
1-23-87 Set 35 sk cmt plug in & out of 7" to 7075', tagged plug @6950'  
1-23-87 Set 45 sk cmt plug @ 5223'-5073', tagged @5086'  
1-27-87 45 sk cmt plug @ 3900'-3800'  
1-28-87 Perforate & squeeze 60 sk cmt 1800' - 1700' in snf behind 9 5/8" casing  
1-29-87 60 sk cmt plug in & out of bas of 13 3/8" casing @426'-326'  
1-29-87 Set 20 sk cmt plug @ surface  
Pulled 7000' 7", 1500' 9 5/8" casing  
Installed marker

Note: The BLM will be notified when all equipment has been removed & location ready for final inspection.

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

SIGNED [Signature]

PRESIDENT,  
TITLE Baxter Casing Pullers Inc. DATE 1-30-87

(This space for Federal & State office use)

APPROVED BY [Signature]

TITLE

DATE 2-10-87

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side