

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Form No. 1004-113
Expires August 31, 1985 30-025-30519

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"/>		5. LEASE DESIGNATION AND SERIAL NO LC-064194
2. NAME OF OPERATOR BILL FENN, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. DRAWER 569, GIDDINGS, TEXAS 78942		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 660' FSL & 660' FEL Unit P		8. FARM OR LEASE NAME POWELL FEDERAL
14. PERMIT NO.		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632' GL		10. FIELD AND POOL, OR WILDCAT QUAIL RIDGE - DELAWARE
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4, T20S-R34E
		12. COUNTY OR PARISH LEA
		13. STATE NM

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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) COMPLETE UPPER DELAWARE SAND	

(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.)

9/29/89 - COMPLETE UPPER DELAWARE SAND - COMMINGLED UPPER & LOWER DELAWARE PERFORATIONS: 5548' - 5560' KB, 1 SHOT/FT. - 13 TOTAL HOLES FRAC DELAWARE WITH THE FOLLOWING:
18,000 GALS. FOAM CONSISTING OF 70% NITROGEN & 30% GEL FLUID.
GEL MIX = 60% METHANOL & 40% 3% KCL WATER.
WELL IS BACK ON PUMP (BELOW BOTTOM PERFS.)

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

SIGNED William Coughlin TITLE SECRETARY

DATE 10/10/89

(This space for Federal or State office use)

APPROVED BY William Coughlin TITLE SECRETARY

DATE

CARLSBAD, NEW MEXICO See Instructions on Reverse Side