

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

WELL API NO.

30-025-34475

5. Indicate Type of Lease

STATE ☒ FEE ☐

6. State Oil & Gas Lease No.

7. Lease Name or Unit Agreement
Name:

FCR 20 State

8. Well No.

2

9. Pool name or Wildcat

Eumont; Yates, 7Rvrs, Queen

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" (FORM C-101) FOR SUCH
PROPOSALS

1. Type of Well:

Oil Well ☒Gas Well ☐

Other

2. Name of Operator

Falcon Creek Resources, Inc.

3. Address of Operator

621 17th St., Suite 1800

Denver, CO 80293-0621

4. Well Location

Unit letter F 1650 North feet from the 1980 line and 2130 feet from the West lineSection 20, Township 20S Range 36E NMPM County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

3,627' GL

Check Appropriate Box to Indicate Nature of Notice, Report or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK PLUG AND ABANDON

TEMPORARILY ABANDON CHANGE PLANS

PULL OR ALTER CASING

OTHER: _____

SUBSEQUENT REPORT OF:

REMEDIAL WORK

ALTERING CASING

COMMENCE DRILLING OPNS. X

PLUG AND ABANDONMENT

CASING TEST AND CEMENT JOB

OTHER: _____

12. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103.

1. Spud well 6:00 pm, 5-24-99. Drill 12-1/4" hole to 426'. Run 8-5/8", 24#/ ft J-55. Cement with 210 sx. Circulate to surface.
2. Drill 7-7/8" hole to 4,900'. Run O-H logs. Run straddle DST from 3,890' to 4,040'. Times 15-30-60-180. IH= 2,129.psi, FH= 2,026.psi, IFP= 698.psi, FFP= 698.psi, ISIP= 1,150.psi, FSIP= 1,291.psi. Pipe recovery= 1,165.ft. of mud. Sample chamber= 2,000 cc. of mud + 0.01 cu.ft. of gas at 500.psi..
3. Run 5-1/2" casing to 4,900' (TD). Cement with 1,300. sx. of class "C" . Circulated to surface.
4. Released rig at 3:00 am. 6-3-99. WOCT

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Oscar L. Peters TITLE Manager of Operations DATE July 15, 1999Type of print name Oscar L. Peters Telephone No. (303) 675-0007

(This space for State use)

APPROVED ORIGINAL SIGNED BY CHRIS WILLIAMS

BY DISTRICT I SUPERVISOR TITLE _____DATE 7/15/99

Conditions of approval, if any: