

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

3. LEASE DESIGNATION AND SERIAL NO.
LC 030132 B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		N.M. OIL CONS. COMMISSION P.O. BOX 1980 HOBBS, NEW MEXICO 88240	
2. NAME OF OPERATOR Euratex Operating Company		UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR 1801 Broadway, Suite 1200, Denver, CO 80202		FARM OR LEASE NAME Clossen "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 330' FWL, Sec 20-T22S-R36E		9. WELL NO. 3	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Jalmat Yates SR	
15. ELEVATIONS (Show whether OF, RT, GR, etc.)		11. SEC., T., R., W., OR BLK. AND SURVEY OR AREA Sec 20-T22S-R36E	
		12. COUNTY OR PARISH Lea	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCCL 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) Pressure Test Casing	<input checked="" 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) <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 screen pertinent to this work.) *

Note: Well was officially TA'ed and approved by BLM on September 5, 1990, with a CIBP set at 3135'. Casing was pressured tested at that time.

Proposed Work:

1. Check fluid level in casing.
2. Rig up pump truck with chart recorder and pressure test casing to 500 psi for 30 min.
3. Rig down pump truck and return to TA'ed status.

Work to be completed within 60 days of receiving BLM approval.

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

SIGNED FAWise

TITLE Consulting Engineer

DATE 12/28/93

(This space for Federal or State office use)

(ORIG. SGD.) JOE G. LARA

PETROLEUM ENGINEER

APPROVED BY

TITLE

DATE 1/25/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side