

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT
(Other instructions
see back)

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

LEASE DESIGNATION AND SERIAL NO.
C-045708-B

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back well different from
Use "APPLICATION FOR PERMIT—" for such proposals)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR American Exploration Company		3. ADDRESS OF OPERATOR 700 Louisiana, Suite 2100, Houston, Texas 77002-2791		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL of Sec. 19, T21S, R38E, Lea Co., New Mexico		5. LEASE AGREEMENT NAME Owens Federal	
14. PERMIT NO. 30-025-22969		15. ELEVATIONS (Show whether DP, RT, GR, etc.) Unit 2		9. WELL NO. 2		10. FIELD AND POOL, OR WILDCAT Wantz ABO		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 19, T21S, R38E	
				12. COUNTY OR PARISH Lea		13. STATE N. Mexico			

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 COMPLETION	<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.) *

10/30/90 MIRU P&A equipment. Tagged PBTD @ 6486'.
10/31/90 Load hole w/10# brine. Circ. hole clean. Tst. csg. @ 350 psig. Would not hole indicating csg. leak. Set pkr. @ 6393'. Pressure tst. CIBP @ 500 psig. Held OK. Rel pkr. Circ. hole w/mud laden fluid. Set pkr. @ 3152'. Press. tbg. Held OK. Reset pkr. @ various depths to loc. csg. leak @ 617-1081'.
11/01/90 Pump 25 sx. cmt. Plug #1 @ 2503-2366'. Pump 65 sx. cmt. Calculated plug @ 787-1143'.
11/02/90 Spot 200 sx. Class "C" cmt. @ 1792-700' (Calcul.) Tagged TOC @ 920'. Spot 35 sx. Class "C" cmt. @ 920-705'.
11/03/90 Tagged TOC @ 702'. Cut 7" below slips. Obtained freepoint @ 653'. Jet cut pipe @ 615'.
11/05/90 Spot 25 sx. Class "C" @ 665-550'. Tagged TOC @ 550'. Spot surf. cmt. plug @ 61' to surface. Installed dryhole marker. FINAL REPORT

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

SIGNED Marty B. McClanahan TITLE Sr. Prod. Analyst DATE 11/14/90
(This space for Federal or State office use)

APPROVED BY DATE TITLE DATE
CONDITIONS OF APPROVAL, IF ANY:

Approved as to planning of the well bore,
Liability under head is transferred with
surface restoration is completed.

*See Instructions on Reverse Side