

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1885
HOBBS, NEW MEXICO 88240

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR <i>American Exploration Company</i>	<i>Owens Federal</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>P. O. Box 1885 Eunice, NM 88231</i> <i>L, 1980' FSL, 660' FWL</i>	9. WELL NO. <i>2</i>
14. PERMIT NO.	10. FIELD AND POOL, OR WILDCAT <i>Wantz Abo</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3453' GR</i>	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 19, T21S, R38E</i>
	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>NM</i>

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) *Test downhole casing integrity X*

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 Reccompletion 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.) *

- * The subject well is currently Ta'd with a CIBP set above the productive interval.
- * It is our intention to pressure test the casing @ 500 psig for 15 minutes.
- * Test date is scheduled @ 9:30 a.m. MST on August 17, 1989.

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

SIGNED *Donna Hill*

TITLE *Regional Superintendent*

DATE *August 8, 1989*

(This space for Federal or State office use)

PETROLEUM ENGINEER

APPROVED BY (ORIG. SCD) *DAVID R. GLASS*

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *5-55-59*

*See Instructions on Reverse Side