

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

N. M. OIL CONS. COMMISSION

5. LEASE DESIGNATION AND SERIAL NO.  
C.A. SW-357 NM-049943

SUNDRY NOTICES AND REPORTS ON WELLS  
ROSWELL, NEW MEXICO 88240

(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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Minerals, Inc.		8. FARM OR LEASE NAME Government "A"
3. ADDRESS OF OPERATOR P. O. Box 1320, Hobbs, NM 88241		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 990' FNL & 660' FEL		10. FIELD AND POOL, OR WILDCAT East Grama Ridge Morrow
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T22S, R34E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3575' GR		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:		SUBSEQUENT REPORT OF: 12/27/83	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Casing test and cement job. <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.)

1-11-84 - 4-1/2" 13.5# N-80 LT&C Class A liner set at 13,447' with top of liner at 10,914'.  
Cemented with 450 sx. C1 H cement at .6% Halad 22A, .4% CFR2 & 3#/sx. KCL mixed  
at 16.0 ppg. 30 minutes pressure tested to 1500#. WOC - 23 hours.

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

SIGNED <u>W. Klear</u>	TITLE <u>Vice President</u>	DATE <u>2-27-84</u>
ACCEPTED FOR RECORD		
(This space for Federal or State office use)		
APPROVED BY <u>SWG</u>	TITLE _____	DATE _____
CONDITIONS OF APPROVAL <u>MAY 14 1984</u>		

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side

RECEIVED  
MAY 16 1984  
O.C.D.  
HOBBS OFFICE