

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

Form approved.
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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 030132 B	
2. NAME OF OPERATOR Euratex Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1801 California St., Suite 4100, Denver, CO 80202		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1880' FNL & 1980' FEL Of Section 19		8. FARM OR LEASE NAME Clossen "B"	
14. PERMIT NO CER #378		9. WELL NO. 34	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3561.7 Grd		10. FIELD AND POOL, OR WILDCAT Jalmat-Yates	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 36 Sec 19 T22S R26E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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 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) <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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Test	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION (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.) *

July 18, 1989 Move In RU Service Unit, POH w/ tubing, GIH w/ tubing and swab test. Well produced gas TSTM. MO Service Rig. Shut In.

APPROVED FOR 12 MONTHS
ENDING 10/1/90

RECEIVED
SEP 21 11 40 AM '89
CARBONATE
AREA HEADQUARTERS

18. I hereby certify that the foregoing is true and correct		
SIGNED <u>Juchetta</u>	TITLE <u>Agent</u>	DATE <u>9-18-89</u>
(This space for Federal or State office use)		
APPROVED BY <u>Adam Selam</u>	TITLE <u>PERMIT</u>	DATE <u>10/2/89</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side