

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instruct
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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> ATOKA - NON-PRODUCTIVE	5. LEASE DESIGNATION AND SERIAL NO NM-50918
2. NAME OF OPERATOR APACHE CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR 7666 E. 61ST ST., SUITE #500, TULSA, OK 74133	7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 990' FEL SE/4	8. FARM OR LEASE NAME FEDERAL "22"
14. PERMIT NO.	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3464 KB	10. FIELD AND POOL, OR WILDCAT OJO CHISO MORROW
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC 22-22S-34E
	12. COUNTY OR PARISH LEA
	13. STATE NEW MEXICO

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
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 COMPLETE <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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) CHANGE ZONES		(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.) *

THE ATOKA WILL BE ABANDONED BY SETTING A CIBP AT 12,520' (10' ABOVE THE TOP PERFORATION) AND DUMPING 35' CEMENT ON TOP, AFTER LOADING THE HOLE WITH 10 PPG BRINE WATER. A COMPLETION ATTEMPT WILL BE MADE IN THE STRAWN WITH THE FOLLOWING PERFORATIONS: 11,746'-11,760'; 11,776'-11,800'; 11,810'-11,822'; 11,880'-11,886'.

RECEIVED
JUN 12 10 56 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

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

SIGNED <u>[Signature]</u>	TITLE <u>DRILLING ENGINEER</u>	DATE <u>6/9/87</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>CARLSBAD RESOURCE AREA</u>	DATE <u>6-15-87</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side