

BUREAU OF LAND MANAGEMENT

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.<br>LC 030132 B                 |
| 2. NAME OF OPERATOR<br>Euratex Corporation   |   | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                               |
| 3. ADDRESS OF OPERATOR<br>3030 S. College Ave. Suite 206, Fort Collins, CO 80525   |   | 7. UNIT AGREEMENT NAME   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br>1980' FSL & 701' FEL of Section 19 |   | 8. FARM OR LEASE NAME<br>Closson "B"                               |
|  |   | 9. WELL NO.<br>#32-Y   |
|  |   | 10. FIELD AND POOL OR WILDCAT<br>Jalmat-Yates                      |
|  |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec-19-22S-36E |
| 14. PERMIT NO.<br>CER #376   | 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3549.8 GR | 12. COUNTY OR PARISH; 13. STATE<br>Lea N.M.                        |

16. 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 checked="" 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) <input type="checkbox"/>                       |  |

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.) \*

12-17-86 TOH and lay down 2-3/8" tbg, RU Western Co. and frac down 4-1/2" casing w/ 30,000 gals gelled water with 40,000# 20/40 sand and 29,000# 12/20 sand. Min treating pressure 1100 psi, max treating pressure 1300 psi, avg treating pressure 1150 psi, inj rate 32 BPM, ISIP 825 psi, 15 min SI 225 psi, RD Western Co. and SDFN.  
NOTE: Will wait 24 hrs for gels to break

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED

*[Signature]*

Production Engineer

TITLE ~~XXXXXXXXXXXXXXXXXX~~

DATE March 17, 1987

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side