

(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO NM-19143	
2. NAME OF OPERATOR MAXUS EXPLORATION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -----	
3. ADDRESS OF OPERATOR P.O. Box 10397 Midland, TX 79702		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 990' FSL 1980' FWL SE/SW		8. FARM OR LEASE NAME Federal 24-34	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DS, RT, GR, etc.) 3396' GR		10. FIELD AND POOL, OR WILDCAT Antelope Ridge	
		11. SEC., T., R., E., OR S.E. AND SUBST OR AREA Sec 34, T22S, R34E	
		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:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANE

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.)*

01-13-88 Perforate Atoka zone with a Greahart thru tbg. strip gun as follows:

12,132' - 135' 7 shots
12,137' - 141' 9 shots
12,144' - 146' 5 shots
12,148' - 151' 7 shots
12,153' - 162' 19 shots
12,164' 2 shots

For a total of 49 shots. 2 hr SITP 4175 psi w/tbg. Full of 2% KCl water. Flow well. Rec. 40 bbls of 2% KCl. Flow well 1 hr. Final FTP 900 psi on a 20/64" ck. w/heavy mist. SDON.

01-14-88 13 hr SITP 6750. Flow test well 11 hrs. Final FTP 30 psi on a 3/4" ck. Dry gas. SDON

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

SIGNED

Craig Mickieberry

TITLE

Sr. Drilling Engineer

DATE

02-01-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 4 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO