

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
FEDERAL OIL & GAS COMMISSION
P. O. BOX 1-0

SUBMIT IN ORIGINAL LOCATE
(Other instructions on reverse side)

Budget Bureau 205-8585
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

Federal 100 65525

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR
American Exploration Company

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
P. O. Box 1885 Eunice, NM 88231

At surface

1980' FSL & 660' FWL of Sec. 6, T21S, R38E

Unit T

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

3561 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

* 8 5/8" csg had been proposed to a setting depth of 900'.

* We are currently planning to cover the red beds and set 8 5/8" csg @ 1600'± and circulate cmt.

RECEIVED
MAR 31 11 00 AM '89
OIL & GAS
AREA

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

SIGNED

Donna Hill

TITLE Regional Superintendent

DATE March 29, 1989

(This space for Federal or State office use)

APPROVED BY

Donna Hill

TITLE

DATE 4-11-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side