DISTRICT

OIL	CONSER	VA	TION	DIV	ISION
	00/0 5		_		

P.O. Box 1980, Hot	bbs, NM 88240	2040 Pag			WELL API NO.		
DISTRICT II		Santa Fe		M 87505	3	0-025-33706	
P.O. Drawer DD, A DISTRICT III	rtesia, NM 88210				5. Indicate Type of	STATE	FEE X
1000 Rio Brazos Rd	L, Azzoc, NM \$7410				6. State Oil & Ga	Lesse No.	
(DO NOT USE T	HIS FORM FOR PRO DIFFERENT RESERT	CES AND REPORTS (POSALS TO DRILL OR TO VOIR. USE "APPLICATION (01) FOR SUCH PROPOSA	DEEPEI FOR PE	NOR PLUG BACK TO A	7. Lease Name or	Unit Agreement Name	
1. Type of Well: Off. WELL X	GAS WELL	OTHER	<u>.</u>		Pa	yday	
2. Name of Operato		Ware, Inc.			8. Well No.	1	
3. Address of Open		wate, Inc.			0 0-1	<u> </u>	
		uite 1200, Midlan	d, Te	xas 79701	9. Pool mame or ₩ Warren; Tul	ob, East (⊊as	a)
4. Well Location		Feet From The Sout		660		llt	2
		300		705	Feet From	The	Line
Section (7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/7/	24 7777777777	Township 20S	Ri	nge 38E 1 DF, RKB, RT, GR, etc.)	MPM	Lea	County
				' GR			
11.	Check A	ppropriate Box to Inc	licate 1	Nature of Notice, Re	port, or Other	<u>x////////////////////////////////////</u>	
NC	OTICE OF INTE	ENTION TO:			SEQUENT RE		
PERFORM REMEDI	AL WORK	PLUG AND ABANDON		REMEDIAL WORK	XX A	ALTERING CASING	
EMPORARILY ABA	NDON [CHANGE PLANS		COMMENCE DRILLING	OPNS F	PLUG AND ABANDO	NMENT
PULL OR ALTER CA	SING			CASING TEST AND CEI	[
OTHER:				OTHER:	Completion	1	X
12. Describe Proposed work) SEE RULE	or Completed Operation 1103.	os (Clearly state all pertinent o	letails, as	l d give persinent dates, includi	ng estimated date of s	starting any proposed	
2/10/97	Spot 500 gal from TD to 2	s 15% Ferchek ac 800'.	id 68	20 ' - 6320'. Ta	g PBTD at 69	202'. Run GR	/CCL
2/11/97	Perforate Tu perfs with 4	bb interval 6488 000 gals 15% Fer	' - 6	814' (90 shots). SC.	Set RTTS a	t 6365'. Ac	idize
2/14/97	Fracture tre Brady sand.	at well with 108	,000	gals Delta-Frac	25 carrying	275,000# 16	/30
I hereby certify that the i	saformation above as true an	1 complete to the best of my know	page and I				
SIONATURE	1am	Summel	= m	Prodution Sup	pervisor	2/20/9 date	7
TYPE OR PRINT NAME	Dianne Sumra	LL				теценноме но. (91	5) 687-34:
(This space for State Use	:)					-	·
APPROVED BY			TIII	E		DATE	_
CONDITIONS OF APPROV						- DAIL	