

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025-34381
5. Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
6. State Oil & Gas Lease No.

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well: OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>

2. Name of Operator Falcon Creek Resources, Inc.
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3. Address of Operator 621 17th St. Suite 1800
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7. Lease Name or Unit Agreement Name DK

8. Well No. 7

9. Pool name or Wildcat East Warren Tubb
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4. Well Location Unit Letter J : 2310 Feet From The South Line and 1650 Feet From The East Line Section 25 Township 20 S Range 38 E NMPM Lea County
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10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3572' GR

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF:
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: Surface Casing <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

5-6-98 Spud 12-1/4" hole @ 5:00 p.m. CST.

5-9-98 Run 37 jts 9-5/8" 36# J-55 csg to 1595'. Cement w/435 sx's.
Class "C" w/4% gel and 2% CaCl₂. Tail w/200 sx's. Class "C"
w/2% CaCl₂. Circ 15 sx's to surf.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
SIGNATURE Connie E. Elliott	TITLE Sr. Operations Technician DATE 6/3/98
TYPE OR PRINT NAME	TELEPHONE NO.

(This space for State Use)		
ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR	TITLE	DATE AUG 24 1998
APPROVED BY		
CONDITIONS OF APPROVAL, IF ANY:		

34567891011

✓
Received
Hobbs
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