

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. 001 0000 00000000
P. O. 00 000
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM-17252
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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR MINERALS, INC.		8. FARM OR LEASE NAME LLANO FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 1320, Hobbs, NM 88240		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL, 330' FEL Sec. 31 T-20-S, R-39-E		10. FIELD AND POOL OR WILDCAT Sandhills/Grayburg San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-26S-39E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3560.8' G.L.		12. COUNTY OR PARISH Lea	
		13. STATE NM	

18. 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 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 checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) See Below	
(Other)		(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.)*

3/10/82

Ran rods and pump in well. Turned well into production tanks. Well produced 58 bbls. oil, 118 bbls. water and 80 MCF gas in 24 hours.

RECEIVED
MAR 2 1982

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

SIGNED <u>Roger A. Chapman</u>	TITLE <u>PRESIDENT and CEO</u>	DATE <u>3/10/82</u>
(This space for Federal or State office use)		
APPROVED BY <u>MAR 2 1982</u>	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		