

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

N.M. Oil Cons. Division

1625 N. French Dr.

Hobbs, NM 88240

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 Zia Energy Inc.		8. FARM OR LEASE NAME Elliott "B"	
3. ADDRESS OF OPERATOR P.O. Box 2510, Hobbs, NM 88241 - 2510		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 Unit letter I, 1980' FSL & 660' FEL 30-025-10076		10. FIELD AND POOL, OR WILDCAT Penrose Skelly	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 6, T22S, R37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3453' DE		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:		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 PLANE <input type="checkbox"/>	(Other) Return well to production <input checked="" type="checkbox"/>	
(Other) <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.)

1. Rigged up well servicing unit. Ran tubing and packer to 3220'. Set packer, loaded casing with water and tested to 500# for 15 minutes without loss of pressure.
2. Pulled tubing and packer. Reran tubing to 3700' with seating nipple on bottom of tubing.
3. Ran pump with 3/4" rods. Seated pump. Hooked up well head to pump.
4. Installed pumping unit. Connected up to electric power. Installed flowline to tank battery.
5. Placed well on production status.

Approval Subject To Returning Well On Continuous
Production And Keeping Well On Continuous
Production.

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

SIGNED Jarvis Nelson TITLE Engineer DATE 5/23/01

ACCEPTED FOR RECORD
(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

JUL 12 2001

DAVID R. GLASS
PETROLEUM ENGINEER

*See Instructions on Reverse Side