

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE\*  
(Other instructions on  
reverse side)

BOOKLET ADDRESS NO. 1004-0100  
Expires August 31, 1985  
N.M. Oil Cons. Division  
P.O. Box 198061446  
Hobbs, NM 88241

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<br>Zia Energy Inc   |  | 8. FARM OR LEASE NAME<br>Penrose                           |  |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 2219, Hobbs, NM 88241  |  | 9. WELL NO.<br>2   |  |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br><br>2086' FNL & 776' FWL |  | 10. FIELD AND POOL, OR WILDCAT<br>Paddock                  |  |
| 14. PERMIT NO.  |  | 15. ELEVATIONS (Show whether DP, RT, GR, etc.)<br>3424' KB |  |
| 11. SEC., T., R., M., OR BLM. AND SURVEY OR ARMA<br>Sec. 9-T22S-R37E  |  | 12. COUNTY OR PARISH<br>Lea                                |  |
| 13. STATE<br>NM   |  |  |  |

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

NOTICE OF INTENTION TO:

|                     |                                     |                      |                          |
|---------------------|-------------------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/>            | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/>            | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input checked="" type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/>            | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/>            |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/> | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/> | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/> |                 | <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.)\*

Open additional Paddock perfs. (5006' - 5058') and stimulate with 3000 gals. of 15% NEFE and return to production.  
Work to be started as soon as all approvals have been received and crews become available.

RECEIVED

1997 JUN -2 A 12:13

BUREAU OF LAND MGMT.  
ROSWELL OFFICE

RECEIVED  
1997 MAY 29 P 2:05  
BUREAU OF LAND MGMT.  
HOBBS, NEW MEXICO

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

SIGNED Scott Nelson TITLE Engineer DATE 5-29-97

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) ALEXIS C. SWOBODA TITLE PETROLEUM ENGINEER DATE 5-29-97

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side