

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-061446	
2. NAME OF OPERATOR Zia Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2219, Hobbs, NM 88240		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT E 2310' FNL & 330' FWL		8. FARM OR LEASE NAME Penrose	
14. PERMIT NO. 3002510148000+		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3425' DF 3411' GR		10. FIELD AND POOL, OR WILDCAT Drinkard	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-22S-37E	
		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 COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

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. RU pulling unit. POH with production equipment. Install BOP.
2. RU wireline. Perforate from 6330' to 6435'. RD wireline.
3. RIH with treating tools on 2 3/8" tbg. Treat with 5000 gals. of NEFE acid and flush with 2 % KCL water. POH with tbg and treating tools.
4. RIH with production equipment and place well on test.

Work to begin on or about 6/18/90.

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18. I hereby certify that the foregoing is true and correct			
SIGNED <u>W. E. Gustin</u>	TITLE <u>Engineer</u>	DATE <u>5/01/90</u>	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE <u>5 8 90</u>	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

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HOBBS OFFICE