

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: September 30, 1990

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. LC-030557-A
2. Name of Operator Lanexco, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1206 Jal, New Mexico 88252 505-395-3056	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FNL c 1980" FWL S-17, T-23-S, R-36-E	8. Well Name and No. Farney A-17 #1
	9. API Well No.
	10. Field and Pool, or Exploratory Area Jalmat Tansill Y SR
	11. County or Parish, State Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input type="checkbox"/> Subsequent Report	<input checked="" type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)

Move in and rig up pulling unit.
Drill out CIBP @ 3550'. Clean out to TD-3695.
Log well and perforate additional perfs.
Run packer and acidize. Swab test the evaluate.
Frac with 60,000 gallons gel and CO2.
Flow back and place on production.

RECEIVED
OCT 15 8 43 AM '90
CAB
AREA

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

Signed Mike Cipolletti

Title Production Supt.

Date 10-11-90

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date 10-18-90