

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. NM-029029-B	
2. NAME OF OPERATOR American Exploration Co.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1885 Eunice, NM 88231		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 B 660' FNL & 1980' FEL		8. FARM OR LEASE NAME Sims Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3354.4 GR		10. FIELD AND POOL, OR WILDCAT Drinkard So Brunson	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7-22S-38E	
		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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<input checked="" 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.)*

In order to comply with your request to test the casing integrity on the subject well we will use the procedure below upon your approval. The well will remain shut-in pending further evaluation.

*POH w/rods and tubing.

*Set CIBP and cap with cement @ 6550'. (Perfs @ 6599'-7344')

*TIH w/tubing. Circulate hole with inhibited fluid. POH with tubing.

*Pressure test casing to 500 psig for 15 minutes with pressure loss not to exceed 10%.

*Secure well.

*Rig down.

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

SIGNED Donnie Hill

TITLE Regional Superintendent

DATE 4/17/90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

- ① NOTIFY BLM PRIOR TO COMMENCING PRESSURE TESTING CASING.
② FURNISH BLM WITH PRESSURE TEST CHART AND A SUNDRY NOTICE FOLLOWING THE TEST. *See Instructions on Reverse Side

RECEIVED
APR 20 1 21 AM '90
BUREAU OF LAND MANAGEMENT
HOESB, NM
RECEIVED
APR 23 8 23 AM '90
CARTER
AREA