

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

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

3. LEASE DESIGNATION AND SERIAL NO.  
LC 030132 B

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"/>	N.M. OIL CONS. COMMISSION	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Euratex Operating Company	P.O. BOX 1980 HOBBS, NEW MEXICO 88240	8. FARM OR LEASE NAME Clossen "B"
3. ADDRESS OF OPERATOR 1801 Broadway, Suite 1200, Denver, CO 80202		9. WELL NO. 21
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1650' FSL & 1980' FWL, Sec 30-T22S-R36E		10. FIELD AND POOL, OR WILDCAT Jalmar Yates SR
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30-T22S-R36E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, CR, etc.)	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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PCLL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDISE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Pressure Test Casing <input checked="" 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 ACIDISING <input type="checkbox"/>	ABANDONMENT* <input 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.)

Note: Well was officially TA'ed and approved by BLM on September 5, 1990, with a CIBP set at 3448'. Casing was pressured tested at that time.

Proposed Work:

1. Check fluid level in casing.
2. Rig up pump truck with chart recorder and pressure test casing to 500 psi for 30 min.
3. Rig down pump truck and return to TA'ed status.

Work to be completed within 60 days of receiving BLM approval.

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

SIGNED FAWIRE TITLE Consulting Engineer DATE 12/23/93

(This space for Federal or State office use)

APPROVED BY JOE G. LARA TITLE REGIONAL ENGINEER DATE 1/25/94  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side