

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Cons. Division
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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 type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 97158
2. Name of Operator Discovery Operating, Inc.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. (915) 683-5203 800 N. Marienfeld, Suite 100, Midland, TX 79701	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1938' FNL & 2157' FWL Sec. 24, T-23-S, R-35-E	8. Well Name and No. Flintstone Federal #1
	9. API Well No. 30-025-34253
	10. Field and Pool, or Exploratory Area Wildcat
	11. County or Parish, State Lea County, NM

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

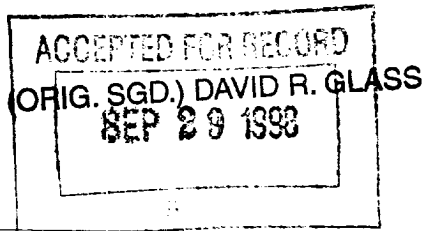
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input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

(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.)*

8/27/93 - Perforated 10,116'-10,118'. Swabbed 100% water.

9/3/98 - Set CIBP at 10,105'. Capped with cement.



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

Signed David R. Glass

Title Technical Assistant

Date 9/11/98

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any: _____

Title _____

Date _____

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8. Well Name and No.

Flintstone Federal #1

9. API Well No.

30-025-34253

10. Field and Pool, or Exploratory Area

Wildcat

11. County or Parish, State

Lea County, NM

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

Discovery Operating, Inc.

3. Address and Telephone No. (915)683-5203

800 N. Marienfeld, Suite 100, Midland, TX 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1938' FNL & 2157' FWL
Sec. 24, T-23-S, R-35-E

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☒ Subsequent Report
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TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
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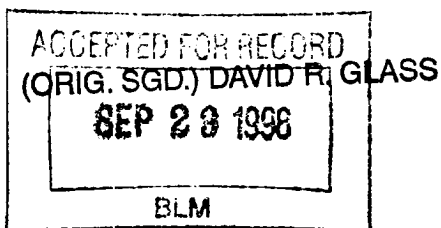
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Please find attached copies of run tickets to transfer oil out of the test tank on the following dates:

7/23/98 - 195 bbls

8/19/98 - 180 bbls



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

Signed Leidi Anderson

Title Technical Assistant

Date 9/11/98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any