

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 checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NMO141096
2. Name of Operator CHANCE PROPERTIES	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. c/o OIL REPORTS & GAS SERVICES, INC., P. O. BOX 755, HOBBS NM 88241	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 330' FSL & 1650' FWL, SECTION 15, T23S, R37E	8. Well Name and No. LAS CRUCES FEDERAL #1
	9. API Well No. 30-025-10741
	10. Field and Pool, or Exploratory Area LANGLIE MATTIX
	11. County or Parish, State LEA COUNTY N.M.

2. CHECK APPROPRIATE BOX(es) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		
TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input 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 _____	<input type="checkbox"/> Dispose Water
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		

3. 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.)*

06/07/95 SET CIBP @ 3467' SPOT 10 SXS CEMENT ON TOP 3384'
06/07/95 PERFORATE @ 1984' COULD NOT PUMP INTO SPOT 25 SXS @ 2101'-1883' TAGGED
06/07/95 PERFORATE @ 325' COULD NOT PUMP INTO SPOT 25 SXS @ 432'-192' TAGGED
06/07/95 SPOT 10 SXS @ SURFACE

INSTALL DRY HOLE MARKER
CIRCULATED HOLE WITH 10 # MUD

Approved by _____
Title _____
Date _____

14. I hereby certify that the foregoing is true and correct
Signed Ray Heard Title AGENT Date 12/03/98
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

RECEIVED
DEC 07 93

MM