

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THIS FORM
ORIGINAL AND TWO COPIES
WITH FEE

Form 5-571 and
Instruction Manual No. 42-1-104
5. FEE FOR REVISIONS AND SUPPLEMENTAL NO.

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well | 7. UNIT AGREEMENT NAME |
| 2. NAME OF OPERATOR SEA SAND OIL COMPANY | 8. FARM OR LEASE NAME Wills Federal |
| 3. ADDRESS OF OPERATOR 917 Baker Bldg. Fort Worth, Texas 76102 | 9. WELL NO. 6A |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990/N 2310/E Well #6B Sec 33-T-26 R-37 Lea County, New Mexico | 10. FIELD AND POOL, OR WILDCAT Scarborough Yates Seven River |
| 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33-T-26-R-37 | 12. COUNTY OR PARISH Lea |
| 13. STATE New Mexico | |
| 14. PERMIT NO. Not Known | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) Not Known |

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input 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 ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| (Other) <input checked="" type="checkbox"/> Temporary Abandoned | |

(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.)

The above well is presently a shut-in injection well. It is this Company's plan to workover the subject well in order to make a producer or injection well, whichever fits into our engineering plans.

The Company has completed an engineering study of this lease and have determined additional wells should be drilled and secondary recovery initiated on the lease. We plan to start work in the next few months to rework the lease.

APPROVED FOR 6 MONTH PERIOD
ENDING Jan. 29, 1982

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

SIGNED Thurman W. Gillham TITLE President DATE 7/7/81

(This space for Federal or State use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

JUL 29 1981

FOR
JAMES A. GILLHAM See Instructions on Reverse Side
DISTRICT SUPERVISOR

RECEIVED

AUG 4 1981

OIL CONSERVATION DIV.