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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980  
MOBBS, NEW MEXICO 88240

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<br><input type="checkbox"/> Oil Well <input checked="" type="checkbox"/> Gas Well <input type="checkbox"/> Other            | 6. If Indian, Allottee or Tribe Name<br><u>N.A.</u>                            |
| 2. Name of Operator<br><u>Dart Mac Resources, Inc.</u>                                                                                      | 7. If Unit or CA. Agreement Designation<br><u>N.A.</u>                         |
| 3. Address and Telephone No.<br><u>SA South Harbor Dr. Granbury, Tx. 76048 (817) 579-8260</u>                                               | 8. Well Name and No.<br><u>Madera Federal 30-1</u>                             |
| 4. Location of Well (Footage, Sec., T., R., M., or Survey Description)<br><u>660' FWL &amp; 1980' FSL</u><br><u>990 Sec, 30 T 26 R 35 E</u> | 9. API Well No.<br><u>3002532390</u>                                           |
|                                                                                                                                             | 10. Field and Pool, or Exploratory Area<br><u>S.W. Javalina Atoka Gas Pool</u> |
|                                                                                                                                             | 11. County or Parish, State<br><u>Lea Co., N.M.</u>                            |

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 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>Perforate &amp; Test</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.)

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.)\*

- 1) Perforated Atoka: 15097-15121 w/ 4 JS PF
- 2) Flowed 1.8 mm cfpd and 76 bopd at 4600 psig FTP.
- 3) Ran BHP bombs for buildup survey.
- 4) Now evaluating test and installing gas sales line.

I hereby certify that the foregoing is true and correct

Signed C.D. Gritz Title Agent Date 6/14/94

(This space for Federal or State office use)

Approved by \_\_\_\_\_ Title \_\_\_\_\_ Date J. Jara  
Conditions of approval, if any: \_\_\_\_\_

18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

\*See instruction on Reverse Side