

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. 1004-8135
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. NMLC050107B
2. Name of Operator MR Drilling Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 687, Monahans, Texas 79756 (915)943-2501	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) G Sec. 34, T-26S, R-37E 1650 FNL & 1650' FEL	8. Well Name and No. Wills Federal 4
	9. API Well No.
	10. Field and Pool, or Exploratory Area Rhodes, Yates, ^{Seven} Rivers
	11. County or Parish, State Lea

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 checked="" type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input checked="" type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other _____
	<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.)*

12-10-96 MIRU WSU. Pull production equipment. Set CIBP @ 3326'. Perf interval 3212'-3292' w/20 shots. Acidize zone w/1500 gals 15% NEFE Hcl.

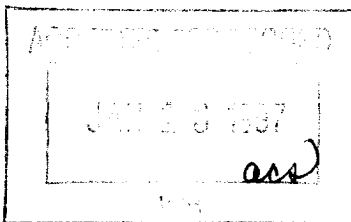
12-11-96 MIRU Howco. Frac zone w/30,000 gals Delta Frac, 60,500# 20/40 sand, & 15,100# 12/20 sand.

12-12-96 Return well to production. Well on & pumping @ 2:00 PM.

12-14-96 New 24 hr test for production from new zone.

Oil-Bbls	Gas-MCF	Water-Bbl	Gas-Oil Ratio	Oil Gravity
88	25	116	284/1	37.0

Casing Press
80#



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

Signed CB Hill Title General Manager Date 12/30/96

(This space for Federal or State office use)

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

