

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> SWD	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR American Exploration Company	8. FARM OR LEASE NAME Gregory El Paso Federal
3. ADDRESS OF OPERATOR 1331 Lamar, Suite 900 Houston, Texas 77010-3088	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit K 1980' FSL & 1980' FWL of Section	10. FIELD AND POOL, OR WILDCAT
14. PERMIT NO.	15. ELEVATIONS (Show whether SF, RT, OR, etc.)
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 33, T25S, R37E	
12. COUNTY OR PARISH 13. STATE Lea NEW MEXICO	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/> X*	

(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.)*

*Mechanical Integrity Test

Witnessed by Bureau of Land Management

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

SIGNED Melinda Mayse

TITLE EH&S Technician

DATE 12/4/92

(This space for Federal or State office use)

APPROVED BY

FOR RECORD ONLY

OCD

DATE

DEC 8 1992

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side