

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)COPY TO  
Form approved.  
Budget Bureau No. 42-R1424.

## 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NMO 51998
2. NAME OF OPERATOR Terra Resources, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1638 Bank of the Southwest Bldg., Houston, Texas 77002		7. UNIT AGREEMENT NAME Lease
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  990' from N. Line and 2200' from E. Line, NW1/4 of NE1/4 Section 13		8. FARM OR LEASE NAME Carlson B-13
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3085 G.L.	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT Justis Blinebry
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. E3 - 25S-37E NMPM
		12. COUNTY OR PARISH Lea
		13. STATE N. Mexico

16.

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

<input type="checkbox"/>
<input checked="" type="checkbox"/>

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

(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.)\*

Propose to perforate the Blinebry Zone with 86 additional shots between 5100' and 5478'; acidize and sand frac., clean well, run tubing and rods and put on production.

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

SIGNED

*W. M. Miller*

TITLE

District Engineer

DATE

7-14-72

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

JUL 17 1972

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side