

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

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. <b>NM-14216</b>
2. NAME OF OPERATOR <b>Terra Resources, Inc.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>3800 Buffalo Speedway Suite 300 Houston, Texas 77098</b>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>1980' FEL and 1980' FSL</b>		8. FARM OR LEASE NAME <b>Wells "B"</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3183.1 Grd.</b>		10. FIELD AND POOL, OR WILDCAT <b>Langlie-Mattix</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 4, T255, R-37E</b>
		12. COUNTY OR PARISH <b>Lea</b>
		13. STATE <b>N. M.</b>

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) \*

Perforated Queens Sd. fr. 3444-48', 3462-72', 3548-54', 3564-73', 3626-32', 3652-57', and fr. 3662-69' with one shot per ft. Acidized w/1250 gal. 15% NE-44 acid. Frac with 33,000 gallons gelled wtr. and 40,500 #sand. Swabbed frac. water and oil. Ran tbg. and rods. Now awaiting installation of pumping equipment, separation and treating equipment, and lease storage tanks.

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

SIGNED *W. A. Meddison* TITLE District Engineer DATE 3-25-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

