

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032579(C)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	
2. NAME OF OPERATOR Terra Resources, Inc.	
3. ADDRESS OF OPERATOR 3800 Buffalo Spdwy., Suite 300, Houston, TX 77098	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FWL and 2310' FSL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3033.7 Grd.

7. UNIT AGREEMENT NAME	
8. FARM OR LEASE NAME Carlson A-23	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Justis-Blinebry	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-T25S-R37E	
12. COUNTY OR PARISH	13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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 Tubbs Zone fr. 5831'-5903' w/one shot per ft. Acidized w/700 gal. 15% N.E. Acid - Swabbed back with no show of oil. Set C.I.B.P. at 5800'. Perforated Blinebry Zone fr. 5443'-5736' one shot per ft. Acidized w/1300 gal. 15% N.E. acid and frac w/16,000 gal. gelled water and 21000 lbs. sd. Perf. Blinebry zone fr. 5136-90, one shot per ft. acidized w/1300 gal. 15% N.E. acid and frac w/16,000 gal. gelled water and 21,000 lbs. sd. swabbed back acid water, frac water, and oil. Now awaiting installation of pumping unit, rods, separation and treating equipment, and lease storage tanks.

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

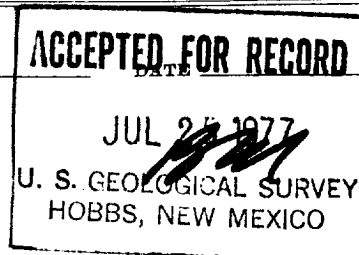
SIGNED W.A. MiddletonTITLE District EngineerDATE 7/18/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



~~RECEIVED~~

JUL 2 - 1977

OIL CONSERVATION COMM.
HOBBS, N. M.