

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instruction.  
verse side)

DATE  
OR RE

Form approved. 00 025 25 785  
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 type="checkbox"/> OTHER CASINGHEAD GAS WELL		5. LEASE DESIGNATION AND SERIAL NO. LC 054667	
2. NAME OF OPERATOR AMERICAN EXPLORATION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1331 Lamar, Suite 900 Houston, Texas 77010-3088		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 785' FNL & 1980' FWL of Section 33, Township 25-S, Range 37-E		8. FARM OR LEASE NAME CROSBY DEEP	
14. PERMIT NO.		9. WELL NO. 4	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3006.8' GR		10. FIELD AND POOL, OR WILDCAT Crosby (Fusselman)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T25S, R37E	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Adding perfs in same zone.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Pulled rods, tubing and packer.  
Set retrievable Bridge Plug at 8,712'.

Perforated 8,612 - 8,629', 8,660' - 8,664', & 8,687 - 8,696'

Acidized upper Fusselman perforations 8,612 - 8,696' with 1,500 gals 15% HCL NEFE.

Swabbed well.

Set packer at 8,509'.

Tested well. Observing well for future decisions.

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

SIGNED

TITLE

Regulatory Coordinator  
(713) 756-6399

DATE

12-8-92

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
DEC 6 9 15S2  
OCS HOUSE OFFICE