

UNITED STATES N. M. 0140977
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY HOBBS, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.

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| 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.) | | 5. LEASE DESIGNATION AND SERIAL NO. NM 0140977 |
| 1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME |
| 2. NAME OF OPERATOR Alpha Twenty-One Production Company | | 7. UNIT AGREEMENT NAME |
| 3. ADDRESS OF OPERATOR 2100 First National Bank Building, Midland, Texas 79701 | | 8. FARM OR LEASE NAME Justis A Federal |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1880 FSL and 1980 FEL | | 9. WELL NO. 2 |
| 14. PERMIT NO. | | 10. FIELD AND POOL, OR WILDCAT Langlie Mattix |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3133 G. L. | | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, T25S, R37E |
| 12. COUNTY OR PARISH Lea | | 13. STATE N. M. |

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) <u>Change Well Name</u> <input checked="" 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.)*

We request the name of this well be changed at the suggestion of the New Mexico Oil Conservation Division. The change will facilitate the identification of this well on this lease and other wells with similar names on surrounding leases.

The well was formerly named El Paso Justis A Federal No. 2

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

SIGNED

TITLE Executive Vice President

DATE 8-25-81

(This space for Federal or State use)

(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

SEP 23 1981

FOR

JAMES A. GILLHAM *See Instructions on Reverse Side
DISTRICT SUPERVISOR