

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR... CATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1-24.

5. LEASE DESIGNATION AND SERIAL NO.
NM 40658

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Buckskin Federal

9. WELL NO.
5

10. FIELD AND POOL, OR WILDCAT
Dollarhide-Tubb Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 18, T-24-S, R-38-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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 GAS WELL OTHER

2. NAME OF OPERATOR
Alpha Twenty-One Production Company

3. ADDRESS OF OPERATOR
P.O. Box 1206, Jal, NM 88252

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
990 FWL and 330 FSL, Section 18, T-24-S, R-38-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3174 Ground Level

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 checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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.)

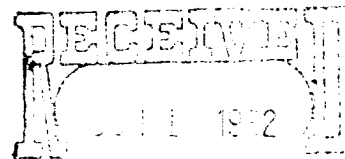
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

An extension of 6 months to commence drilling operations on this well is respectfully requested. We have a three well program to be drilled before we have the opportunity to move the rig back to this location.

APPROVED FOR 6 MONTH PERIOD
ENDING Dec 22, 1982

(Orig. Sgd.) GEORGE H. STEWART

JUN 7 1982



U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

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

SIGNED Robert W. Lansford TITLE V. President/Energy Resources DATE June 1, 1982

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: