

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 4355

N.M. OIL CONS. COMMISSION  
P.O. BOX 1980

HOBBS, NEW MEXICO 88240

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER  |   | 8. FARM OR LEASE NAME<br>Prichard B              |                 |
| 2. NAME OF OPERATOR<br>Joe Melton Drilling Co., Inc.  |   | 9. WELL NO.<br>#1                                |                 |
| 3. ADDRESS OF OPERATOR<br>P.O. Box 4203 Midland, Texas 79704  |   | 10. FIELD AND POOL, OR WILDCAT                   |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>760'FNL, 1650' FEL<br>Unit B, Sec. 9, T-25-S, R-37-E |   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |                 |
| 14. PERMIT NO.<br>30 D25-3215   | 15. ELEVATIONS (Show whether OF, AT, GR, etc.)<br>3165 GR | 12. COUNTY OR PARISH<br>Lea                      | 13. STATE<br>NM |

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 TREATMENT <input type="checkbox"/>  | MULTIPLE COMPLETION <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 type="checkbox"/>    | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/>    |
| (Other) <u>Drilling and completing</u>         |  |

(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 and 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.)\*

9/24/93 Spud well @ 1:15 PM  
9/25/93 Drill to 377', set 377' 8-5/8" casing with 250 sx., circulated 95 sx.  
9/26/93-  
10/08/93 Drilled to TD 3169'.  
10/09/93 Set 3169' 4-1/2" casing set with 425 sx Class C cement with 6% gell and 225 sx 50:50 Calss C HOWCO Lite w/2% gel and 3# salt per sack. PD @ 3:00 PM circulated 40 sx.  
10/10/93 Move rig out.  
10/14/93 Log well.  
10/20/93 Perforated well.  
10/21/93 Ran tubing with packer set @ 2900', acidized w/4000 gallons 7-1/2% HCL.  
10/23/93 Treated with 118 tons liquid Co2, 102,000# 12-20 mesh sand. Opened well on 10/64" choke.  
10/24/93-  
11/22/93 Well flowing liquid and gas. To set pumping unit to recover fluid out of hole.  
11/23/93 Set pumping unit to recover fluid, recovering fluid and sand. Gas purchaser to test well next week.

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

SIGNED Kevin C. Adams

TITLE Secretary

DATE 11/24/93

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD

DATE 11/30/93

\*See Instructions on Reverse Side