

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO

N. M. OIL & GAS COMM. ON
SUBMIT IN THIS FORM
(Other instructions on file)

Form approved
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. HH-54441	
2. NAME OF OPERATOR IREX Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1331 Seventeenth Street, Suite 800, Denver, Colorado 80202		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 660' FSL & 1980' FEL SW/4 SE/4		8. FARM OR LEASE NAME Vada '33' Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		10. FIELD AND TOOL, OR WILDCAT Vada	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Atty. Gen. Sec. - Penn	
		12. COUNTY OR PARISH Roosevelt	
		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) <input type="checkbox"/>	

(Other) Change Int. and Prod. Casing

(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.) *

Intermediate Casing: Change to: 0-2000' 8 5/8", 24.0#, K-55, ST&C casing.

2000-4000' 8 5/8", 32.0#, K-55, ST&C casing.

Production Casing: Change to: 0-1000' 5 1/2", 17.0#, K-55, Buttress thread.

1000-7500' 5 1/2", 17.0#, K-55, LT&C casing.

7500-9800' 5 1/2", 17.0#, N-80, LT&C casing.



See Redrilled Location

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

SIGNED Levy W. Franklin TITLE Agent DATE 10/26/84

(This space for Federal or State office use)

APPROVED BY S/Phil Kirk TITLE Area Manager DATE 11-9-84
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED
NOV 14 1984
G.C.B.
HOBBS OFFICE