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reservoir, Use Form 9-3	31-C for suc	on propo	sais.)				

DEPARTMENT OF THE INTERIOR

NATICES AND REPORTS ON WELLS

8. FARM OR LEASE NAME Federal "12"

9. WELL NO.

10. FIELD OR WILDCAT NAME

NW Fenton Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARFA

Sec. 12, T21S, R27E

Form Approved.

Budget Bureau No. 42-R1424

12. COUNTY OR PARISH 13. STATE Eddy New Mexico

14. API NO.

30-015-25288

15. ELEVATIONS (SHOW DF, KDB, AND WD) GL = 3183.3'

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

well X other well 2. NAME OF OPERATOR J.M. Huber Corporation; 3. ADDRESS OF OPERATOR 1900 Wilco Bldg., Midland, TX 79701 4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 AT SURFACE: 2310' FSL & 990' FEL of Sec. 12 AT TOP PROD. INTERVAL: AT TOTAL DEPTH: 16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES

ABANDON*

SUBSEQUENT REPORT OF:

(other) Spud, Cement Surface Casing & press. test

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.)*

Drill 44' of 24" conductor hole, set 44' of 20" conductor casing and 6/2/85 cmtd w/5 yds Redimix.

MIRU LaRue Drilling Co. Rig #2. Spud 17½" hole @ 4:00 PM MST 6/3/85. 6/3/85

Drill 505' $w/17\frac{1}{2}$ " bit, circ hole, RIH w/461' 13-3/8", 54.5#, K-55, 6/4/85 ST&C csg, could not get casing deeper than 461', Joe Mirbal & Don Tanner w/BLM gave wellsite approval to cmt csg at 461'. Cmtd csg w/530 sx Class "C" containing 2% CaCl2 & ½" Flocele per sk. Plug down @ 10:00 PM MST 6/4/85.

WOC 18 hrs, install BOP, press test BOP & 13-3/8" csg to 1000 psi for 6/5/85 30 min, test OK.

Subsurface Safety Valve: Manu. and Type

_____ Set @ _____ Ft.

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

SIGNED

TITLE District Prod. Mgbate June 6, 1985 (915) 682-3794

(This space for Federal or State office use)

APPROVED BY CEPTED FOR RECORD TITLE DATE DATE

*See Instructions on Reverse Side