

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Salt Water Disposal Well	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CRW-SWD, Inc.	8. FARM OR LEASE NAME Federal AZ
3. ADDRESS OF OPERATOR P.O. Drawer 994 Midland, TX 79702	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2080' FSL & 660' FEL	10. FIELD AND POOL, OR WILDCAT Undesignated
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-26-S, R-30-E
15. ELEVATIONS (Show whether DF, RT, CR, etc.)	12. COUNTY OR PARISH Eddy
	13. STATE 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 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 type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" 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.) *

12-04-89 Rigged up well unit (Baber). Tried to kill well with brine without success.
12-05-89 Ran blanking plug into profile nipple in casing, plug held. Unlatched on-off tool, LD 4 1/2" casing.
12-06-89 Ran bond log on 9 5/8", T/cment @ 400', set RBP @ 600'. Put sand on RBP, tried to cut pipe with mechanical cutter @ 401', but did not come loose. Worked pipe, upper pipe turning free.
12-07-89 Recut pipe @ 320' with mechanical cutter, pipe not free up and down, but will rotate; old pull nipple parted @ old weld.
12-08-89 Welded on new pull nipple, pipe below nipple looked ok, good thick pipe. Pipe torqued up with further rotation, pipe apparently unscrewed when first abandoned. Torqued pipe pressured, 9 5/8" to 500#, held ok. Ran 1" between 9 5/8" and 13 3/8" to 150' to find cement.
12-09-89 Ran magnetic inspection log, both cuts not made, partial cut @ 370', tested pipe to 500', retrieved RBP after cracking off sand w/2 7/8" tubing. Cement between strings with 1" pipe. Used 100 sacks premium plus with no additives. Cement 2' up in cellar, WOC.
12-10-89 SD Sunday
12-11-89 GIH w/2 7/8" tubing, worked sand, debris off packer.
12-12-89 COH w/tubing, LD same. Prep to run internally coated 5 1/2" casing as tubing.
12-13-89 Ran 5 1/2" casing, circulated hole with packer fluid, backflow same into packer w/on-off tool. Put on 9 5/8" x 5 1/2" wellhead. Tested annulus accross plug.

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

SIGNED Kala D. Schmidt TITLE Agent DATE 12-17-89

(This space for Federal or State office use)

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

*See Instructions on Reverse Side