

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Three copies)  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

LC-060521A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR J.M. Huber Corporation		8. FARM OR LEASE NAME Perry Federal
3. ADDRESS OF OPERATOR 1900 Wilco Bldg., Midland, Texas 79701-4480		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  660' FSL & 1980' FEL		10. FIELD AND POOL, OR WILDCAT Prairie San Andres, South
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T8S-R36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4125' GR		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

The surface location has been cleared of production equipment, junk, and leveled following the plugging of the wellbore.

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

SIGNED Peter W. Fink Robert R. Glenn TITLE Dist. Prod. Mgr.

DATE 7/10/84

(This space for Federal or State official use)

APPROVED BY PETER W. FINK  
CONDITIONS OF APPROVAL, IF ANY:  
JUL 19 1984

TITLE

DATE

\*See Instructions on Reverse Side

RECEIVED

JUL 20 1984

240  
REGISTRATION OFFICE