

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Budget Bureau No. 1004-0
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLSERVED

(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 GAS WELL OTHER

2. NAME OF OPERATOR
National Coop. Refinery Assoc.

3. ADDRESS OF OPERATOR
415 W. Wall, Suite 2215, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2080' FWL & 760' FSL
SE/2, SW/4 Section 11

14. PERMIT NO. _____ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3644' GL 3656' DF

5. LEASE DESIGNATION AND SERIAL NO.
NM-0631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
-

7. UNIT AGREEMENT NAME
-

8. FARM OR LEASE NAME
Federal 11-20-34

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Lea (Bone Spring)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 11, T-20-S, R-34-E

12. COUNTY OR PARISH
Lea

13. STATE
New Mexico

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) <u>Recompletion</u>	<input checked="" 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.) *

The Federal 11-20-34 has been recompleted from a gas well in the Lea (Penn) field to an oil well in the Lea (Bone Spring) field.

Work Performed:

- 1) Set Tubing Plug @ 12,576' - Cut tubing @ 11,000'.
- 2) Set RBP @ 12,265' - Dumped 2 sx sand on top - filled from 10,265' to 10,241'.
- 3) Tested casing to 2500 psi - would not hold.
- 4) Ran CBL from 10,239' to 9,000' with 500 psi on casing.
- 5) Isolate casing leak between 5280' - 5310'.
- 6) Set packer - Pumped 25 sx Class C Neat cement - squeeze through formation - Max pressure 2500 psi.
- 7) Pulled 5 stands - set packer - pressure 1500 psi - stabilized @ 950 psi.
- 8) Tagged cement at 5043' - drilled cement to 5300'. Test casing to 1500 psi; 1 minute 1000 psi; 5 minutes 380 psi.
- 9) Circulate out sand 10265'-10241' - Pull RBP - Test below packer @ 5417' to 2500 psi.

(Page 1 of 2)

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

SIGNED Carrie Bagg TITLE Production Clerk DATE 4-3-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO