

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

Expires August 31, 1985

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.
 3

10. FIELD AND POOL, OR WILDCAT
 Lea Penn

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

12. COUNTY OR PARISH
 Lea

13. STATE
 New Mexico

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 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
 1890' FSL, 660' FWL of Section 11

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
 3636.5' GL

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 type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Set 9 5/8" Casing</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.)*

CONFIDENTIAL REPORT

9 5/8" Intermediate Casing:

1219.05' (31 jts) 9 5/8" 53.5# N-80 LT&C Casing
 467.50' (11 jts) 9 5/8" 40# J-55 ST&C Casing
 3388.54' (78 jts) 9 5/8" 36# J-55 ST&C Casing
 82.07' (2 jts) 9 5/8" 53.5# N-80 LT&C Casing
 .80' Float Collar @ 5117.73'
 3.33' DV Tool @ 4095.71'
 1.30' Float Shoe @ 5158'.

Total of 122 jts 9 5/8" Casing Set @ 5157.59' plus 5.43' Float Equipment = 5162.59' total. 15 Centralizers.

Cement: 1st Stage: 75 sx Lite, 5# Gilsonite, 1/4# Flocele, 12.5#/gal, 1.9 Yield and 200 sx Class C, 3# Salt, 14.8#/gal, 1.32 Yield. Plugged down @ 3:15 PM 4-20-88.
 2nd Stage: 2000 sx Lite, 15# Salt, 1/4# Flocele, 12.7#/gal, 1.4 Yield and 100 sx 2% Class C, 14.8#/gal, 1.32 Yield. Plugged down @ 9:00 Pm 4-20-88.
 Cement circulated to surface - good returns throughout job.

BLM notified 4-19-88.

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

SIGNED Garnie A. Bay TITLE Production Clerk DATE 4-22-88

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

SJS