

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

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. NAME OF OPERATOR National Coop. Refinery Assoc.		5. LEASE DESIGNATION AND SERIAL NO. NM-0631	
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 2215, Midland, Texas 79701		7. UNIT AGREEMENT NAME -	
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		8. FARM OR LEASE NAME Federal 11-20-34	
14. PERMIT NO. -		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3636.5' GL		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	

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) Pressure Test on BOP Stack <input checked="" 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.)*

Pressure Test on BOP Stack:

Pressure tested BOP, Manifold, Choke Lines, Lower & Upper Kelly Cock to 5000 PSI - 15 minutes each.

Pressure tested Annular BOP to 1750 PSI for 15 minutes.

Held OK.

Pressure tested on 5-30-88. BLM was notified.

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

SIGNED <u>Carrie A. Baye</u>	TITLE <u>Production Clerk</u>	DATE <u>6-6-88</u>
(This space for Federal or State office use)		
APPROVED BY _____	TITLE _____	DATE _____
CONDITIONS OF APPROVAL, IF ANY:		

ACCEPTED FOR RECORD

JUN 10 1988

SJS

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO