

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.

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

3. 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

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

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.

RECEIVED
JUN 6 11 00 AM '88
CARLUSSAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct
SIGNED Carrie A. Boye TITLE Production Clerk DATE 6-6-88

(This space for Federal or State office use)

ACCEPTED FOR RECORD

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

*See Instructions on Reverse Side

SJS
CARLUSSAD, NEW MEXICO