

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC - 062749 (B)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Conoco "A" Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

North Mason (Delaware)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 19, T-26-S,
R-32-E, NMPM

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Highland Production Company

3. ADDRESS OF OPERATOR

810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface
330' From North Line and 2080' From the West Line.

14. PERMIT NO.

Dated: 2/16/89

15. ELEVATIONS (Show whether OF, RT, GR, etc.)

3207.7 GR

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) Spud and Surface Cement

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.)*

3/22/89 Spud 9:15 PM

3/23/89 Set Surface Casing: Ran 1164'. Cement w/650 Sacks HLC and Premium C w/2% Calcium Chloride. Circulate to surface.

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

SIGNED

Johnnye L. Nance
Johnnye L. Nance

TITLE Assistant Secretary

DATE May 24, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

SJS