

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Highland Production Company	8. FARM OR LEASE NAME Conoco "D" Federal
3. ADDRESS OF OPERATOR 810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  990' FEL and 990' FSL	10. FIELD AND POOL, OR WILDCAT North Mason (Delaware)
14. PERMIT NO. 31-035-3-221	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Section 18, T-26-S, R-32-E, NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3180 GR	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:

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) <input checked="" type="checkbox"/> Drilling & Completion Info	
(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.)

9/1/90 Spud 5:00 PM  
9/3/90 Set 8 5/8" Surface casing @ 1147' with 600 sacks cement. Circulate to surface.  
10/12/90 Ran 4 1/2" Production casing to 4332' with 600 sacks cement. Circulate to 500'.  
10/18/90 Rig up cable tool.  
10/25/90 Logged well.  
10/29/90 Ran 2 3/8" tubing to 4214'.  
10/30/90 Fraced with 1,000 gals. oil and 5640# sand.  
11/1/90 Set Pumpjack.  
11/2/90 Well producing on pump.

RECEIVED  
Nov 28 11 06 AM '90  
OCT 27 1990  
AREA

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

SIGNED Marvin L. Smith

TITLE President

DATE Nov. 26, 1990

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side