

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Dry Hole		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Highland Production Company		8. FARM OR LEASE NAME Conoco "A" Federal	
3. ADDRESS OF OPERATOR 810n N. Dixie Blvd., Suite 202, Odessa, Texas 79761		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FNL and 2310' FEL		10. FIELD AND POOL, OR WILDCAT <i>wildcat</i> East Mason (Bone Spring)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3172.1 GR	
		12. COUNTY OR PARISH Lea	13. STATE New Mexico
11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 19, T-26-S, R-32-E, NMPM			

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>	
(Other) Plug and abandon <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.)*

6-20-88 Welex went in to Sonic Log - could not get down. Tight at 1430', 1800', 1891', and 2157'. Hole unstable. Tried to get down - working tool at 2123'. Called BLM - come out of hole w/log - go in hole open ended.

6-21-88 Decided to plug well. Called and got verbal ok - Shannon Shaw, BLM, Carlsbad. Reamed out hole - go in hole open ended - 215 joints drill pipe in hole @ 6665'.
 First plug down 6665 - 6465 200' plug
 Second plug down 5177 - 5077 100' plug
 Third plug down 1643 - 1543 100' plug
 Fourth plug down 1240 - 1140 100' plug
 Fifth plug down 50 - 0 50' plug Circulate to surface.

Completed plugging at 8:20 PM, 6-21-88.

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

SIGNED: Johnnye L. Nance TITLE Assistant Secretary DATE May 24, 1989

(This space for Federal or State office use)

APPROVED BY: Shannon Shaw TITLE Assistant Secretary DATE 6-2-89

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side