

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-068281-B	
2. NAME OF OPERATOR Highland Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761		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 Unit Letter A, 330' FNL and 990' FEL		8. FARM OR LEASE NAME Conoco "C" Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3150.2 GR		10. FIELD AND POOL, OR WILDCAT North Mason (Delaware)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 30, T-26-S R-32 E, NMPM	
		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) Additional Drilling Info.		<input checked="" 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)			

(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.)*

10-01-89 Spud well @ 8:45 PM
10-03-89 Set 1185' 8 5/8" 24# Surface casing with 6 Centralizers. Cement with 500 sacks Halliburton Lite and 200 Sacks Premium Plus. Circulate to surface.
10-11-89 Set 4265' 5 1/2" 15.5# Production String with 8 Centralizers. Cement with 650 sacks Halliburton Lite w/15% salt per sack and 1/4 lbs. flow seal, tailed with 300 sacks 50/50 POZ Mix and P+. Circulate to surface.
10-24-89 Set 4219.44' 2 3/8" tubing and Baker AD-1 Packer at 4223, put on valve.

Adm

RECEIVED

NOV 10 1989

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

SIGNED Marvin L. Smith TITLE President

DATE November 10, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side