

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1980
CARLSBAD, NEW MEXICO 88240

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.

NM-26692

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 26-A

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

EK Bone Spring

11. SEC., T., R., M., OR B.L.E. AND SURVEY OR AREA

Sec. 26, T18S, R33E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1.

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

J.M. Huber Corporation

3. ADDRESS OF OPERATOR

1900 Wilco Bldg., Midland, Texas 79701

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

At surface

660' FSL & 1980' FWL of Section 26

14. PERMIT NO.

30-025-29249

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

KB: 3830'

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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Spud & surface csg.

REPAIRING WELL

ALTERING CASING

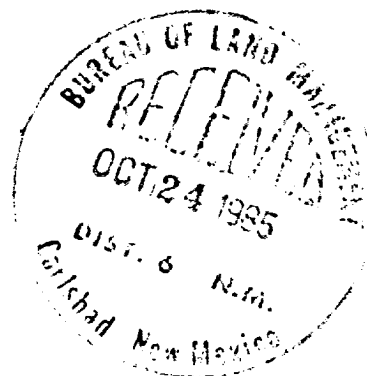
ABANDONMENT*

(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.)*

10/21/85 Spud 17½" hole @ 8:15 AM CST. TD hole @ 365'. Ran and set 13-3/8", 54.5#, K-55, STC csg. @ 365'. Cmt'd with 375 sx Cl. "C" w/2% CaCl2 & ¼# Flocele per sk. Plug down @ 5:15 PM CST, 10/21/85. Circulated 85 sx to pit. Cmt job witnessed by BLM.

10/22/85 WOC 18 hrs. Test BOP and csg. to 1000 psi for 30 minutes. Held OK.



18. I hereby certify that the foregoing is true and correct (915) 682-3794

SIGNED

Robert R. Glenn

TITLE District Production Mgr.

DATE 10/22/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 29 1985

*See Instructions on Reverse Side