

ORM APPROVED
 Bureau No. 1004-0135
 Expires: March 31, 1993
 Designation and Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
 Use "APPLICATION FOR PERMIT—" for such proposals

LC 031670A

6. If Indian, Allottee or Tribe Name

7. If User or CA, Agreement Designation

8. Well Name and No.
SEMU PERMIAN IWA # 28

9. API Well No.
30-025-07815

10. Field and Pool, or Exploratory Area
SKACGS GRAYVURG

11. County or Parish, State
LEA, NM

SUBMIT IN TRIPLICATE

1. Type of Well
 Oil Well Gas Well **XX** Other **INJECTION**

2. Name of Operator
OBBS INC.

3. Address (Street, P.O. Box, etc.)
10. Interstate Ave STE 100W, Midland, TX 79705 (915) 686-6551

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
**1980' FNL, 660' FWL
 SEC. 19, T-20S, R-38E, UNIT LTR 'E'**

CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

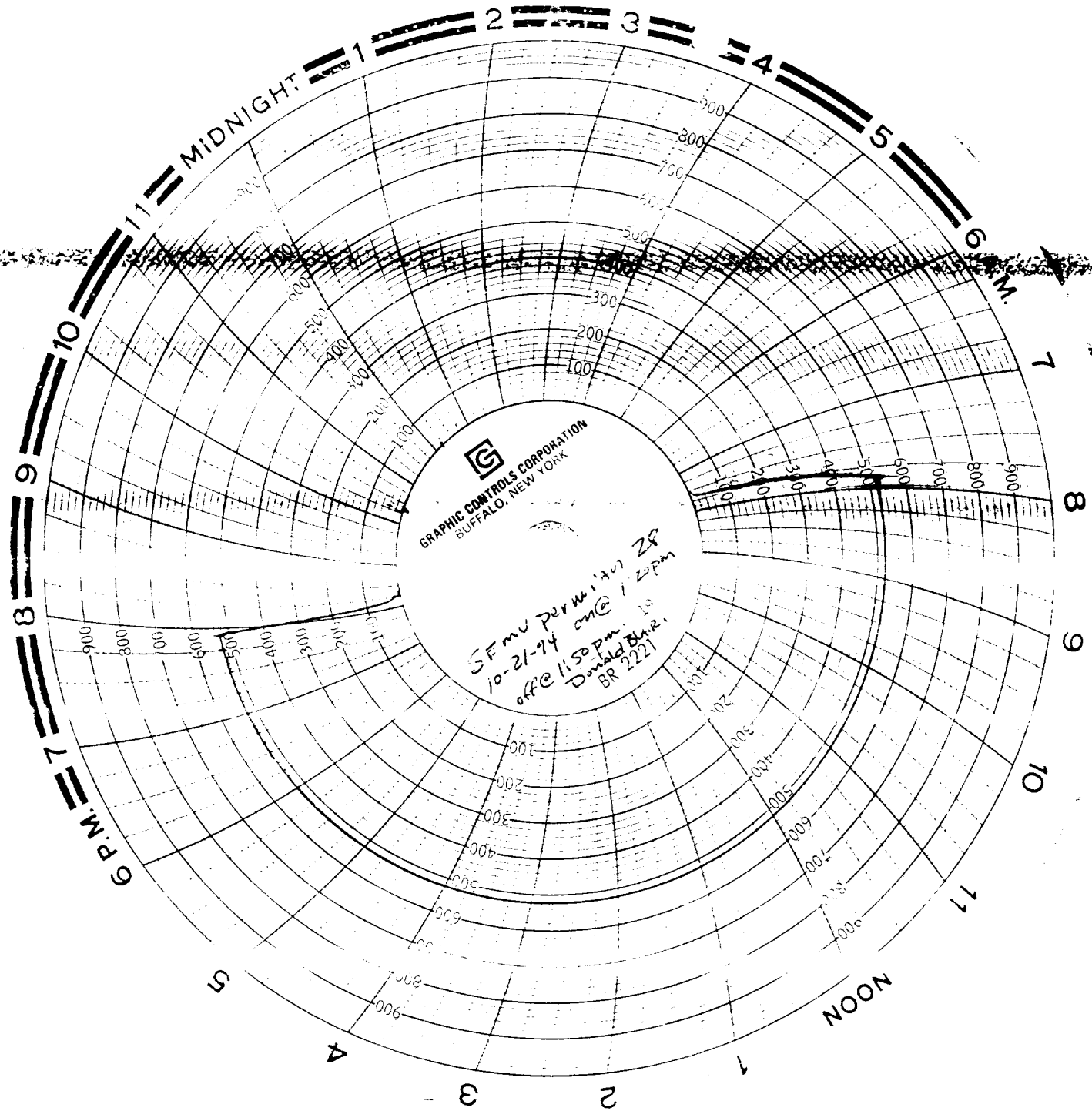
TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent <input checked="" type="checkbox"/> XX <input checked="" type="checkbox"/> Subsequent Report <input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Abandonment <input type="checkbox"/> Recompletion <input type="checkbox"/> Plugging Back <input type="checkbox"/> Casing Repair <input type="checkbox"/> Altering Casing <input checked="" type="checkbox"/> XX Other REPLACE TUBING
	<input type="checkbox"/> Change of Plans <input type="checkbox"/> New Construction <input type="checkbox"/> Non-Routine Fracturing <input type="checkbox"/> Water Shut-Off <input type="checkbox"/> Conversion to Injection <input type="checkbox"/> Dispose Water <small>(Note: Report results of multiple completions on Well Completion or Recompletion Report and Log form.)</small>

13. 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.)
10-18-94 MIRU. RELEASED PKR & POOH W/2 3/8TBG. RIH W/BIT & SCRAPER TO 3615'. POOH W/TBG AND NEW PKR. POOH W/TBG. PUT ON BULL PLUG ON BOTTOM. TEST TBG GOING BACK INTO HOLE. PIN HOLE 31JTS DOWN. SET PKR. TESTED & HELD. POOH W/TBG. RIH W/PKR & NEW IPC TBG. SET PKR # 4601. CHART AT 500# ON CSG & HELD. RIGGED DOWN. 10-21-94

ACCEPTED FOR
13 1994
SJS

14. I hereby certify that the foregoing is true and correct.
 Signed *[Signature]* Title **STAFF REGULATORY ASSISTANT** Date **11-5-94**

(This space for Federal or State office use)
 Approved by _____ Title _____ Date _____
 Conditions of approval, if any:



RECEIVED

DEC 15 1994

OCD HOBBS
OFFICE