

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. ATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

4/SP

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Re-entry		5. LEASE DESIGNATION AND SERIAL NO. NM-15868
2. NAME OF OPERATOR MWJ PRODUCING COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1804 First National Bank Bldg Midland, Texas 79701		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 1650' FSL & 2310' FWL		8. FARM OR LEASE NAME Rutter Federal Com
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether depth, RT, GR, etc.) 3582' GL		10. FIELD AND POOL, OR WILDCAT Kort Lake - G - SA
12. COUNTY OR PARISH Eddy		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T-17S, R-27E
13. STATE New Mexico		

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FEB 07 1986
INTERIA OFFICE

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 checked="" 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 checked="" type="checkbox"/>
(Other) Re-enter	<input 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.)

12/26/85: MI & RU Baber Rig #4 & Reverse Unit.
12/27/85: Drill plug at surface. Drilled cement & junk (approx 12'). Go in hole to 1528'. Displace mud with fresh water. Pull out of hole. Ran Logs. Shut down for weekend.
12/30/85: Rig up CRC. Ran & set CIBP @ 1350'. Ran 2-7/8" SSN & 41 jts 2-7/8" EUE 8 rd tbg, SN @ 1247'. RU Dowell & press tstd 8-5/8" csg to 1500 psi, OK. Rel'd press. Spt'd 500 gals 15% HCL ac w/2% KCL wtr. POOH. Perf'd from 1200-1220' 2 SPF w/4" OD csg gun. Ran SSN w/39 jts 2-7/8" tbg. Removed BOP. Dowell brk dn @ 1150 psi & acd w/ 500 gals on spot @ 1.5 BPM @ 1000 psi. ISIP 800 psi, 2 min 100 psi, 5 min 0. RD Dowell & RU Swab. Swbd 45 bbls ac.
12/31/85: Made 1 swab run every 30 min, rec'd all wtr w/small amt of gas w/each run. SI.
~~Prep to P & A 1/2/86.~~

ACCEPTED FOR RECORD

Handwritten signature
FEB 6 1986

CARLSBAD, NEW MEXICO

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

SIGNED *Pat Drexler*

TITLE Pat Drexler - Agent

DATE 1/2/86

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE *Assistant Manager*
Handwritten signature

DATE

*See Instructions on Reverse Side