

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

clsr

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"/>		OCT 05 '87	
2. NAME OF OPERATOR Norwood Oil Company		O. C. D.	
3. ADDRESS OF OPERATOR P.O. Drawer 1029, Malakoff, Texas 75148		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  2310' FSL & 1950' FWL		5. LEASE DESIGNATION AND SERIAL NO. LC-046119A	
14. PERMIT NO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3642' GR		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME Iles Federal	
		9. WELL NO. 8	
		10. FIELD AND POOL, OR WILDCAT High Lonesome Queen	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17-T16S-R29E	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

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)	<input type="checkbox"/>		<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 type="checkbox"/>
(Other) Cement & Casing	<input checked="" type="checkbox"/>		<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.)\*

8-14-87 Moved in United Drilling, Inc. rig. Spudded at 10:20 a.m.. Drilled to 261' ran 253.13' 8 5/8", J-55, 24 lb.-ft., st&c, 8 rd., pipe. Cemented with 190 sacks class "C" with 2% CaCl<sub>2</sub>. Cement circulated, but fell back, called Redi-mix and filled annular space to surface. WOC.

8-17-87 NU BOP. Test to 1000 psi.

8-21-87 Drilled to T.D. 1813' G.L., Ran 1,809.23' 4 1/2" O.D., J-55, 8 Rd., S T & C, 9.5 lb.-Ft. Range 3 casing. Set at 1,808.73' G.L. Cemented with 240 sacks class "C" with 0.20% TF-4 plus 75 pounds hi-seal and 240 sacks class "C" with 0.20% TF-4. Circulated approximately 25 sacks to surface. WOC.

RECEIVED

SEP 4 11 14 AM '87  
CARLOS HERRERA  
AREA 11-100000

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

SIGNED

*Butt Karl Norwood*

TITLE

*President*

DATE

*8-28-87*

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR AGING  
DATE

SEP 28 1987  
SJS

\*See Instructions on Reverse Side