

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMUGO-3160-4

451

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"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC-029426-B	
2. NAME OF OPERATOR Harcorn Oil Company		3a. Area Code & Phone No. 505/67190360		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 82855		3b. ARIZONA OFFICE		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 890' FNL & 1980' FEL				8. FARM OR LEASE NAME H.E. West "B"	
				9. WELL NO. 47	
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
				11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec. 9-T17S-R31E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3899' GL		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

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"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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)	<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.)

Spudded well @ 4:00 p.m. 12-2-89. Drld. 12-1/4" hole to 539'. Ran 12 jts. 8-5/8" 24# J-55 ST & C csg. & set @ 539'. Cmdt. w/ 350 sx. cl. "C" w/ 2% CC. Circ. 60 sx. to pit. WOC 18 hrs. Tstd. BOP to 1000 psi for 30". Held OK. Drld. out w/ 7-7/8" bit.

Drld. 7-7/8" hole to 3922' TD. Ran 94 jts. 5-1/2" 17# J-55 csg. & set @ 3922'. Cmdt. w/ 900 sx. HOWCO lite w/ 6# salt/sk. + 500 sx. cl. "C" w/ 6# salt/sk. & 0.3% CFR-3. Ppd. 14 bbls. flush & cement set up. SD @ 11:15 a.m. 12-12-89.

RU & drld. cmt. out of csg. from 1213' to 3895'.

Asst

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

SIGNED Bernard Gould TITLE Manager

DATE 12/26/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

*See Instructions on Reverse Side