

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRI DATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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		5. LEASE DESIGNATION AND SERIAL NO. NM-04825	
2. NAME OF OPERATOR J.M. Huber Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1900 Wilco Building, Midland, Texas		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 660' FS&EL Section 32, T-20-S, R-29-E		8. FARM OR LEASE NAME Yates Federal	
14. PERMIT NO. Blanket		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247.6 GL		10. FIELD AND POOL, OR WILDCAT Scanlon-Strawn	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 32-20S-29E	
		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 COMPLETION <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 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.)*

1. Move in & rig up Lillard Casing Pullers.
2. POH w/2-3/8" tubing and Otis MH Packer.
3. Rig up McCullough Tool. Set C.I.B.P. @ 10,450± above Strawn perforations @ 10,583'.
4. Cut 4½" casing @ 9,000' ±, pump 150' (25 sx) cement plug @ cut-off.
5. POH w/4½", pump 150' cement plug @ 8,000-8,100'
POH w/4½", pump 150' cement plug @ 6,200-6,300'
POH w/4½", pump 100' cement plug @ 4,500-4,600'
POH w/4½", pump 100' cement plug @ 3,050-3,150'
POH w/4½" casing, place 20 sx cement plug @ surface cut off.
6. Release rig, clean up location and install well marker.

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

SIGNED

Robert D. Hanley, Jr.

TITLE Acting Dist. Prod. Mgr. DATE 1/31/77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____