

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

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

SUNDRY NOTICES AND REPORTS ON WELLS
(Do not use this form for proposals to drill or to deepen or plug back to a different depth. Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED
SEP 10 '87
O. C. D.
ARTS & MIN. OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 14768
2. NAME OF OPERATOR BHP Petroleum Company Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 6 Desta Drive Suite 3200 Midland, TX 79705-5510		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' FNL & 1980' FWL Section 10, T-21-S, R-27-E		8. FARM OR LEASE NAME Cerf Federal Com.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3217' GL	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Burton Flat
		11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA Sec 10-T-21-S, R-27-E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Recompletion</u> <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.)*

8/4/87 - MIRUPU. Kill well and pull packer and tubing.

8/8/87 - Set CIBP's @ 10,400' and 10,155'. Capped CIBP @ 10,155' w/25' cmt.

8/11/87- RIH w/packer & 2-7/8" tubing & set packer @ 9254'.

8/13/87- Perf Wolfcamp interval 9328'-38' w/2 JSPF w/2-1/8" tubing gun.

8/14/87- Acidized Wolfcamp w/1000 gallons 15% NeFe.

Post ID-2
11-20-87
PVA STRAWN

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

SIGNED Hal Crabb TITLE Petroleum Engineer DATE 9/1/87
Hal Crabb
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side