

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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

45F

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 ☐ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR
Barbara Fasken

3. ADDRESS OF OPERATOR
303 W. Wall, Suite 1900, Midland, Texas 79701-5116

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
Unit K, 1650' FSL & 1850' FWL, Sec. 17,
Township 21S, Range 26E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
GR 3345'

5. LEASE DESIGNATION AND SERIAL NO
NM-0400877-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Inexco Federal "17"

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Catclaw Draw (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 17, T-21-S, R-26-E

12. COUNTY OR PARISH 13. STATE
Eddy 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"/>
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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

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 checked="" 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 OPERATION (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.)*

* Amended Report

1. POW with tubing.
2. Milled over 5-1/2" Guiberson permanent packer at 10,650' and pushed to 10,860'.
3. Set CIBP at 10,850' and capped with 2 sx Class "H" cement.
4. Run in with Watson 5-1/2" x 2-3/8" J-lock packer and T.O.S.S.D. and tubing, set packer at 10,664'.
- *5. Perforated 10,801'-10,806', (Morrow) formation with 2 jet shots per foot.
6. Acidized perms 10,746'-10,826' with 1250 gals. 7-1/2% Morflo BC acid.
7. Swabbed well to natural flow.
8. Returned well to production.

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

SIGNED C. Lynn Smith

TITLE Engineering Assistant

DATE 8-6-90

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side