

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
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 reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-3606	
2. NAME OF OPERATOR BARBARA FASKEN		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 303 W. WALL SUITE 1900 MIDLAND, TEXAS 79701-5116		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 1180' FSL & 345' FWL SEC. 3		8. FARM OR LEASE NAME LAKE FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3183 GR		10. FIELD AND POOL, OR WILDCAT AVALON (MORROW)	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 3, T-21-S, R-26-E	
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.)		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 checked="" type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <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.)
- 12-11-89 thru 12-18-89
1. R.U.P.U. Killed well, installed plug in profile nipple at 10,629'. Installed BOP, released packer, P.O.W. and laid down 2-7/8" tubing string.
 2. RIW with 341 jts. 2-3/8" EUE 8rd N-80 tubing, 3 - tubing subs, and T.O.S.S.D. Circulated 4-1/2" X 2-3/8" annulus with 3% KCL water containing corrosion inhibitor and oxygen scavenger. Engaged T.O.S.S.D. onto packer at 10,629.19'.
 3. Removed B.O.P. and installed x-mas tree. Swabbed fluid level inside tubing down to 9000' F.S. Retrieved plug from profile nipple.
 4. Swabbed well 10 hrs. and recovered 45 b.w. Had 8' gas flare after swabbing.
 5. Acidized existing Morrow perfswith 2,000 gals. 7-1/2% Morflo BC acid. Used 90 ball sealers for diversion. Avg. treating pressure 3660 psi @ 2.8 bpm. Swabbed well 6 hrs. and recovered 60 b.w. with 1' gas flare. (12-16-89).
 6. Made 5 swab runs and well began flowing. Turned well into salesline. (12-17-89)
 7. Well flowing with F.T.P. - 500 psi, gas rate 417 mcf, produced 0 b.c. + 90 b.w. (12-18-89)

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

SIGNED

TITLE Drilling & Operations Supt. DATE 1-10-90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side