

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(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	5. LEASE DESIGNATION AND SERIAL NO NM-021029
2. NAME OF OPERATOR Barbara Fasken	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 303 W. Wall Ave., Suite 1900, Midland, TX 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 Unit E, 1641' FNL & 460' FWL, Sec. 4, Township 21S, Range 24E	8. FARM OR LEASE NAME Ross Federal Comm.
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 3708'	10. FIELD AND POOL, OR WILDCAT Cemetery (Morrow)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 4, T-21-S, R-24-E
	12. COUNTY OR PARISH Eddy
	13. STATE New Mexico

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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>

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.) *

Work Performed July 9-15, 1990

1. POW with tubing and packer.
2. RIW, set 4-1/2" x 2-3/8" Watson J-lock packer with check valve at 9490'. POW with tubing.
3. RIW with 4-1/2" x 2-3/8" Watson J-lock packer and tubing. Set packer at 9412'.
4. Stimulated Morrow perfs 9443'-9465' with 2000 gals. 7-1/2% Morflo BC acid containing 1000 scf Nitrogen/bbl., dropped 94 ball sealers for diversion. Swabbed well and returned to production.

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

SIGNED C. Lynn Smith

TITLE Engineering Assistant

DATE 7-31-90

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side