

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
reverse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-4987
2. NAME OF OPERATOR J.M. Huber Corporation	6. IF INDIAN, ALIOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 1900, Midland, Texas 79701	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 2310' ESL & 990' FEL of Sec. 12, T21S, R27E Eddy County, New Mexico	8. FARM OR LEASE NAME Federal "12"
14. PERMIT NO. 30-015-25288	9. WELL NO. 1
15. ELEVATIONS (Show whether DE, FT, GR, etc.) GL = 3183.3'	10. FIELD AND POOL, OR WILDCAT NW Fenton Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T21S, R27E
	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 checked="" 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) Perf. additional pay <input checked="" 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.) *

4/10/86 MIRU pulling unit. POOH w/rods and tbg.
4/11/86 RIH w/sandline drill and cleanout hole to 3180'.
4/15/86 Perf. Delaware Sand 3130-42' w/2 JSPF (total 28 holes). RIH w/pkr on 2-7/8" tbg set at 3050'. Acidize perfs w/1600 gals. MOD 101 acid w/38 ball sealers. Swab test well.
4/16/86 Acidized Delaware perfs 3130-42' w/1000 gals. MOD 101 acid w/29 ball sealers. RU to frac, had communication w/upper perforations 2950-60' and 2982-92'.
4/17/86 RIH w/tbg and rods. Place well on pump to production test.
4/29/86 POOH w/rods and tbg. RIH w/treating pkr set at 2911'.
4/30/86 Pumped 500 lbs. block in 800 gals. 2% KCL. Frac Delaware perfs 2950-60' 2982-92' and 3130-42' w/25,800 gals. of 75% Quality foamed 50/50 methanol and gelled 2% KCL wtr containing 36,500 lbs. of 20/40 sand and 16,000 lbs. 12/20 sand. Flowed back well.
5/1/86 POOH w/pkr and tbg. RIH w/rods and pump and place well on test.

CARLOS R. GLENN

Robert R. Glenn

JUL 1986

CARLOS R. GLENN

I hereby certify that the foregoing is true and correct

SIGNED

Robert R. Glenn

(This space for Federal or State office use)

TITLE District Production Manager

DATE 6/4/86

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side