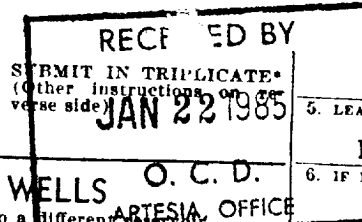


UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYForm approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM-027994 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Hamon Oil Company	8. FARM OR LEASE NAME Mobil Federal
3. ADDRESS OF OPERATOR 611 Petroleum Building, Midland, Texas 79701	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FWL	10. FIELD AND POOL, OR WILDCAT South Carlsbad Morrow
14. PERMIT NO.	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA 25, T-23-S, R-26-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3226.7 GR - 3245.7 KB	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:

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 PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Run long csg. string, set pkr</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.)*
1. Ran 2-7/8" tubing & drilled DV tool at 6527', pressure tested 5-1/2" csg. to 2000# for 1/2 hr w/no pressure loss. 12-12-84
 2. Drilled float collar at 11,930' + 20' of cement to 11,950'. 12-13-84
 3. Ran cement bond log from 11,942' to top of cement (1st stage) at 8770'. 12-17-84
 4. Ran cement bond log from DV tool at 6527' to top of cement at 5400'. 12-17-84
 5. Set Baker Mod. "DB" packer in 5-1/2" casing at 11,769'. 12-18-84
 6. Ran seal assembly on 2-3/8" VAM tubing, displaced 5-1/2" casing with 2% KCl packer fluid. 12-20-84
 7. Stung into packer & tested 2-3/8" X 5-1/2" annulus to 2000# for 1/2 hour with no pressure loss. 12-20-84
 8. CRC perforated 5-1/2" casing at 11,884'-11,900' with 1-11/16" Posi-Jet, 1 hole/ft. 12-20-84
 9. Western acidized with 2500 gals. 7-1/2% MSA containing 1000 scf N₂/bbl. 12-21-84
 10. Swabbed & flowed load back. 12-22-84 to 12-31-84
 11. Western fraced with 35,000 gal. MS gel containing 50,000# 20/40 sand & 88,000# CO₂. 12-31-84
 12. Flowed well back to clean up. 1-1-85 to 1-7-85
 13. Shut well in for pressure build up. 1-7-85

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

SIGNED [Signature]TITLE Drilling ForemanDATE 1-16-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR ACCOUNT
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

JAN 17 1985

*See Instructions on Reverse Side

Carlsbad NEW MEXICO