

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE (Other instructions on reverse side)
Artesia NM 88210

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 type="checkbox"/> OTHER Salt Water Disposal	5. LEASE DESIGNATION AND SERIAL NM-29881 NM 457443
2. NAME OF OPERATOR H & W Oil Corporation, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241	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 1980' FNL & 1980' FWL Section 13	8. FARM OR LEASE NAME Sulphate Sister
	9. WELL NO. 1
	10. FIELD AND POOL, OR WILDCAT SW Sulphate Delaware
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 13, T25S, R26E
14. PERMIT NO.	12. COUNTY OR PARISH Eddy
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	13. STATE NM

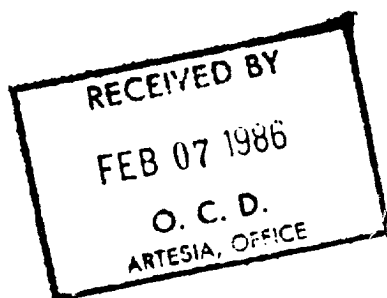
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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 COMPLETION <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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Check for tubing leaks XX

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.)*

It is proposed to pull tubing and packer. Check tubing for leaks and check condition of packer. Repair and replace as necessary. Rerun tubing and packer. Return to injection.



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

SIGNED Donna Hobbs TITLE Agent DATE 2/3/86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 26 86

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side