

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	RECEIVED BY	5. LEASE DESIGNATION AND SERIAL NO
2. NAME OF OPERATOR	DEC -3 1985	LC-068282-B
3. ADDRESS OF OPERATOR	O. C. D.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
P. O. BOX #1515, ROSWELL, NEW MEXICO 88202-1515	ARTESIA, NM	N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		7. UNIT AGREEMENT NAME
2310' FSL & 950' FWL, Unit L, NW $\frac{1}{4}$ SW $\frac{1}{4}$		N/A
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	8. FARM OR LEASE NAME
	3119' GR	HANSON FEDERAL
		9. WELL NO.
		17
		10. FIELD AND POOL, OR WILDCAT
		NORTH MASON - DELAWARE
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
		Sec. 25, T. 26S, R. 31E
		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"/>	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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) Intermediate Casing & Cement <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.) *

Ran 98 joints of 24 & 32 8-5/8" pipe, set @ 4050'. Cement with 300 sxs Class "C" cement with 2% CaCl. Plugged down @ 2:00 a.m., 12/30/85. Pressure tested to 500# - held OK. WOC 18 hrs. NUBOP & pressure testd same - no pressure decrease.

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

SIGNED Jaye Biowell TITLE Production Analyst DATE 12/02/85
(This space for Federal or State office use)

APPROVED BY [Signature] TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

DEC 3 1985

*See Instructions on Reverse Side