

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLIC.
(Other instructions on reverse 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.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SALT WALTER DISPOSAL</p> <p>2. NAME OF OPERATOR BABER WELL SERVICING CO.</p> <p>3. ADDRESS OF OPERATOR P. O. BOX 1772, HOBBS, NM 88240</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660 FNL & 1980 FWL</p> <p>14. PERMIT NO. <i>Unit C</i></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM 033503</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME JENNINGS FEDERAL</p> <p>9. WELL NO. #1</p> <p>10. FIELD AND POOL, OR WILDCAT DOUBLE X DELAWARE</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-24S, R-32E</p> <p>12. COUNTY OR PARISH Lea 13. STATE NM</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635 KB</p>	

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 PLANS <input type="checkbox"/>	(Other) <u>repair hole in tubing</u> <input 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.)*

1. MIRU PU.
2. Pressure test tubing. Replaced approximately 19 jts. of 2 3/8" tubing.
3. RIH w/ 2 3/8" 8RD J55 plastic coated tubing and a Guiberson uni-pak I plastic coated packer.
4. Pressure test casing @ 300#'s for 30 minutes. Held.
5. Return well to injection.
6. RD and MO.

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

SIGNED *M. Baber* TITLE President DATE 5-30-90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**