

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Drugget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-068281-B

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Russell Federal

9. WELL NO.

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10. FIELD AND POOL, OR WILDCAT

East Mason

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 20,
T-26-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Lea New Mexico

1. WELL TYPE: OIL WELL GAS WELL OTHER Saltwater Disposal Well

2. NAME OF OPERATOR
Highland Production Company

3. ADDRESS OF OPERATOR
810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface
2341' FSL and 1659' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3185 GR

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Replacing tubing

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. OPERATIONS BASED OR COMPLETED OPERATIONS: Fully 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.*

March 13, 1991 Unseat packer and pull and laid down tubing
March 14, 1991 Ran Guiberson KVL packer and 132 joints 2 3/8" plastic coated tubing. Put well in service.

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18. I certify that the foregoing is true and correct

SIGNED: Marvin L. Smith TITLE President DATE March 21, 1991

This space for Federal or State office use)

APPROVED BY: _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side