

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW OIL CONS. COMMISSION

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Expires August 31, 1985

451

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 APR 17 1986 O. C. D. ARTESIA OFFICE	5. LEASE DESIGNATION AND SERIAL NO. LC-046119-A
2. NAME OF OPERATOR Norwood Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Drawer 1029, Malakoff, Texas		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 330' FSL & 1650' FWL		8. FARM OR LEASE NAME Isles Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3648 G.L.	9. WELL NO. 7
		10. FIELD AND POOL, OR WILDCAT High Lonesome Queen
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29 Sec. 17, T16S, R26E
		12. COUNTY OR PARISH Eddy
		13. STATE N.M.

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 COMPLETION <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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Cement & Casing <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.)*

3-28-86: Moved in Salazar Rig #13. Spud with 12 $\frac{1}{4}$ " bit.

3-29-86: Drilled to 300'. Ran 292.23' of 8 5/8", 24 lb/ft. casing. Cemented w/250 sks. Class "C" w/2% CaCl₂. plus 1/4 lb/sk. cello seal. Circulated approx. 25 sks. to surface. P.D. 7:13 P.M.

3-30-86: WOC. NU BOP. Test to 1000 psi.

4-2-86: Drilled to T.D. 1850'. LDDP. No open hole logs run. Ran 1,841.62', 45 jts., 5 $\frac{1}{2}$ ", k-55, 15.5 lb/ft., ST&C, Rg. 3 casing. Cemented w/350 sacks Class "C" plus 1% CaCl₂ plus .2% TF-4 w/500 gallons mud flush. PD at 2:27 P.M.
Released rig.

ACCEPTED FOR RECORD

APR 15 1986

CAPISBARD, NEW MEXICO

I hereby certify that the foregoing is true and correct

SIGNED Betty Ruth Norwood

TITLE President

DATE April 10, 1986

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

