

N. M. CONS. COMMISSION

P. O. BOX 1980
HOBBBS, NEW MEXICO

NOTICES AND REPORTS ON WELLS

Use "APPLICATION FOR PERMIT--" for such proposals.)

6. LEASE DESIGNATION AND SERIAL NO.

NM-0450847

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

FEDERAL A

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

BOUGH PERMO Penn

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

SEC. 13, T9S, R3SE

12. COUNTY OR PARISH

LEA

13. STATE

NEW Mexico

14. PERMIT NO.

30-025-23902

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4129' RDB

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

Attempt to get below 6965' failed - apparently casing is collapsed - as a normal thing in this region. PU & pull tubing & bit. Set CIBP above collapsed interval. Spot 2sx. cement on top of BP. Cut & pull 5 1/2" csg. above 6950'. Spot 50sx. plug 6900-7000' (5 1/2" stub). Set 50sx. plug @ base of 8 5/8" @ 4502'. Set 50sx. plug @ 459'. Set 10sx. plug on surface. Install dry hole marker. Clear location & seed.

IMPLEMENTING ORDER NO 9210 (NMOCID)

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

SIGNED

David R. Glass

TITLE

President

DATE

6/21/91

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

4/9/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side