

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
P. O. BOX 1930
HOBBS, NEW MEXICO 88401
(Other sections 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM - 53389	
2. NAME OF OPERATOR Sabine Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 3083, Midland, Texas 79702		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 555' FNL and 1875' FEL of Section 25		8. FARM OR LEASE NAME Shearn-Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4073 DF		10. FIELD AND POOL, OR WILDCAT Allison-Pennsylvanian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 25, T8S, R36E, NMPM Svy	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE NM	

18. 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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Re-entry <input checked="" 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 checked="" type="checkbox"/>
(Other) Re-entry <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.) *

13-3/8" casing program "No change - Re-entry".
8-5/8" casing program "No change - Re-entry".

- 12-4-83 Drillout cmt plugs surf to 20' and 1075'. Clean off 5-1/2" casing stub at 4330'. Ran 5-1/2" casing and latched on 5-1/2" casing stub at 4330'.
- 12-13-83 Circ out DV tool and cement 5-1/2" 17# K-55 casing at 4330' with 200 sx "C". (DV tool one joint above latch on assembly). TOC @ 2830'.
- 1-5-84 Cleaned out 5-1/2" casing to 9688'. Re-perf Bough "C" 9630-48'.
- 1-7-84 Acidized perfs 9360-48' w/250 gals 15%. Landed 2-7/8" tbg @ 9658'. Ran 2"x1-1/4"x24' BHD pump on 129 x 7/8" & 235 x 3/4" rods.
- 1-2-84 Pumped 14 BOPD + 121 BWPD.

Yates - 2847'
San Andres - 4080'
Abo - 7737'
Wolfcamp - 8923'

Pennsylvanian - 9557'
Bough "C" - 9627'

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

SIGNED Mal P. Schuman

TITLE Drilling Engineer

DATE 8-25-86

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
PETER W. CHESTER

DATE

AUG 29 1986

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side