

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL CONS. CO. PERMIT IN TRY
P. O. BOX 1060 Hobbs, New Mexico 88240

Form approved.
Budget Bureau No. 1004-0115
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 <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WELL WELL OTHER	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
FINA OIL & CHEMICAL COMPANY	Horton Federal
3. ADDRESS OF OPERATOR	9. WELL NO.
Box 2990, Midland, TX 79702-2990	32
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
285' FEL & 2305' FNL, Sec. 30.	Milnesand San Andres
	11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA
	30.T-8-S, R-35-E, NMPM
14. PERMIT NO.	12. COUNTY OR PARISH 13. STATE
	Roosevelt New Mexico
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	
4224.3 DF & 4225.3 KDB	

16. 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)	<input type="checkbox"/>		<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) Request Shut In Status	<input type="checkbox"/>		<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.) *

Non-commercial well under current oil pricing; waiting to try completion in lower zones.
Capped off with valve shut in on well head.

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

SIGNED Neva Herndon
Neva Herndon

TITLE Senior Production Clerk

DATE 11-09-88

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD
PETER W. CHESTER
DATE

NOV 14 1988

*See Instructions on Reverse Side