

Form 3160-5
N. M. OIL FIELD COMMISSION
P. O. BOX 1330
HOBBBS, NEW MEXICO 88240

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0185
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER WATER INJECTOR		5. LEASE DESIGNATION AND SERIAL NO. NM 0145685
2. NAME OF OPERATOR FINA OIL & CHEMICAL COMPANY		6. XXXXXXXXXXXX XXXXXX XXXXXX XXXXXX API No. 30-041-20821
3. ADDRESS OF OPERATOR P. O. Box 2990, Midland, Texas 79702-2990		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 1700' FNL & 920' FEL Unit H		8. FARM OR LEASE NAME HORTON FEDERAL
14. PERMIT NO.		9. WELL NO. 38
15. ELEVATIONS (Show whether DF, RT, GR, etc.) RKB +4225.5'		10. FIELD AND POOL, OR WILDCAT Milnesand San Andres
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 30, T8S, R35E, NMPM
		12. COUNTY OR PARISH Roosevelt
		13. STATE NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <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.)*

It is proposed to temporarily isolate the current perforations from 4716' - 4740' w/a retrievable bridge plug and to add perforations from 4660' - 4700'. Both perforation sets are within the San Andres. The new perforations will be stimulated if necessary and tested for a period not to exceed 30 days. This test data is necessary for a detailed reservoir study. The well will then be restored to injection. Estimated startup date is February 8, 1991.

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

SIGNED Neva Herndon TITLE Petrotechnical Assoc. DATE Feb 1, 1991

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side