

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88210

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

OCT 13 '87 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. O. C. D. OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> ARTESIA, OFFICE WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. N.M. 0554966	
2. NAME OF OPERATOR HILLIARD OIL & GAS, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3000 N. Garfield, Ste. 120, Midland, TX 79705		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 1900' FNL & 990' FEL 25 miles East of Hagerman, N.M.		8. FARM OR LEASE NAME HARRIS FEDERAL	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4059 GR		10. FIELD AND POOL, OR WILDCAT Wildcat (Atoka) (Wolfcamp)	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-15-S, R-30-E	
		12. COUNTY OR PARISH Chaves	13. STATE New Mexico

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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

1. MI & RU, NU BOP.
2. Released pkr. & circ. 10.0 ppg gel brine. POH w/tbg. RU wireline unit, dump 35' cmt. on CIBP @ 8660'. WIH & set CIBP @ 8148'. TIH w/open end tbg. to top CIBP @ 8148' & spot 4 sks cmt. fr 8148' to 8112'. POH w.tbg.
3. RU csg. jacks, found csg. 60% free @ 4810'.
4. Cut csg. w/jet cutter @ 4810'.
5. POH w/115 jts. (4810') 5 1/2" csg. Ran 2-3/8" tbg to 4860' (50' in top 5 1/2" csg) & spot 35 sks C1 "H" cmt plug fr 4860'-4760'. WOC. WIH w/tbg. & tag top plug @ 4740'.
6. PU & set tbg @ 4550' & spot 35 sks C1 "H" cmt plug fr 4550' to 4450'. WOC. Tag plug @ 4430'.
7. Set tbg @ 2968' & spot 40 sks C1 "H" cmt. plug fr 2968'-2868'. WOC. Tag plug @ 2968' w/tbg & spot 40 sks C1 "H" cmt plug 2928'-2828'. WOC. Tag plug @ 2862'.
8. Set tbg @ 580' & spot 30 sxs cmt plug fr 580'-478'.
9. PU & spot cmt plug fr 50' to base of cellar.
10. Cut off 8-5/8" csg.
11. Installed permanent dry hole marker 6-5-84.
12. Presently cleaning location & upon completion of clean up, Bureau of Land Management shall be notified for inspection of wellsite.

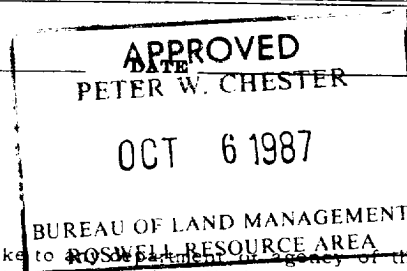
18. I hereby certify that the foregoing is true and correct

SIGNED W. L. Motley TITLE Sr. Production Engr. DATE 6-14-84
W. L. MOTLEY
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____
Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side



RECEIVED
OCT 19 1987
OCD
HOBBS OFFICE