

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 88240

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"/>		7. UNIT AGREEMENT NAME Culp Ranch
2. NAME OF OPERATOR Foy & Middlebrook		8. FARM OR LEASE NAME Culp Ranch Unit
3. ADDRESS OF OPERATOR 310 W. Texas, Suite 210, Midland, TX 79701		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FNL & 990' FWL		10. FIELD AND POOL, OR WILDCAT Graham Springs Devonian
14. PERMIT NO.		11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 11, T-12-S, R-30-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3993'		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"/>
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"/>

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)	<input checked="" type="checkbox"/>	Set Intermediate Casing	<input checked="" 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) Ran 8-5/8" intermediate casing on June 17, 1988. Casing run as shown on attached casing detail sheet.
- 2) Cemented 8-5/8" casing as follows:
Pumped 1520 sacks of 35/65 Poz "A" containing 6% gel, 10% NACL, 1/4#/sack celo flakes & 2% CaCl. Tailed in with 200 sacks Class "C" cement containing 2% CaCl. Average pump rate was 8.5 BPM. Average pump pressure 450#. Maximum pump pressure 1200#. Fluid density 13.5#/gal. Circulated 330 sacks.
- 3) WOC 18 hrs. Nipple up & install wellhead after 6 hrs.
- 4) Test casing to 1500# for 30 min. before drilling out. Held OK.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

