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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease  
State ☐ Fee ☒  
5. State Oil & Gas Lease No.

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 -" (FORM C-101) FOR SUCH PROPOSALS.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. Unit Agreement Name
2. Name of Operator J.M. Huber Corporation	8. Farm or Lease Name Wadley Trust
3. Address of Operator 1900 Wilco Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>N</u> <u>669</u> FEET FROM THE <u>South</u> LINE AND <u>1326</u> FEET FROM THE <u>West</u> LINE, SECTION <u>32</u> TOWNSHIP <u>12S</u> RANGE <u>36E</u> NMPM.	10. Field and Pool, or Wildcat Tatum Wolfcamp
15. Elevation (Show whether DF, RT, GR, etc.) KB: 4023'	12. County Lea

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

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐  
TEMPORARILY ABANDON ☐  
PULL OR ALTER CASING ☐  
OTHER ☐

PLUG AND ABANDON ☐  
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐  
COMMENCE DRILLING OPNS. ☒  
CASING TEST AND CEMENT JOBS ☒  
OTHER ☐

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1/6/85 Spud @ 12:00 noon CST. TD 17½" hole @ 400'. Ran and set 13-3/8", 48#, H-40  
STC casing @ 400'. Cemented with 630 sx. Class "C" w/2% CaCl and ¼# Flocele/  
sk. Plug down @ 8:30 PM CST. Circulated 150 sx cement to pit.

1/7/85 WOC 18 hrs. Test casing to 1000 psi for 30 minutes. Held OK.

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. (915) 682-3794

SIGNED Robert R. Glenn TITLE District Production Manager DATE January 7, 1985

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT 1 SUPERVISOR

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JAN 10 1985

CONDITIONS OF APPROVAL, IF ANY: