

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-103
Revised 10-1-78

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SANTA FE	
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U.S.G.S.	
LAND OFFICE	
OPERATOR	

5a. Indicate Type of Lease State <input checked="" type="checkbox"/> Fee <input type="checkbox"/>
5. State Oil & Gas Lease No. V-648

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 Fort Ranch State
3. Address of Operator 1900 Wilco Building, Midland, Texas 79701	9. Well No. 1
4. Location of Well UNIT LETTER <u>P</u> , <u>330</u> FEET FROM THE <u>south</u> LINE AND <u>600</u> FEET FROM THE <u>east</u> LINE, SECTION <u>11</u> TOWNSHIP <u>14S</u> RANGE <u>33E</u> NMPM.	10. Field and Pool, or Wildcat Saunders, Upper Permo-Penn
15. Elevation (Show whether DF, RT, GR, etc.) KB 4206'	12. County Lea

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/>	CASING TEST AND CEMENT JOBS <input type="checkbox"/>	OTHER <u>Set CIBP & Acidize</u> <input checked="" type="checkbox"/>

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.

3/11/86 Set CIBP @ 9975' w/10' of cement on top.

4/09/86 Acidize perms 9912-22' with 2500 gals 15% NEFE HCL acid.

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 Robert R. Glenn TITLE District Production Manager DATE April 15, 1986Orig. Signed by
Paul Kautz
GeologistAPPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE APR 17 1986

RECEIVED
APR 16 1986
O.C.F.
HOBBS OFFICE