

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN DUPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 51843	
2. NAME OF OPERATOR Kaneb Operating Company, Ltd.		6. INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 400 Wilco Bldg., Midland, TX 79701		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 660' FSL and 2130' FWL		8. FARM OR LEASE NAME Jones 34 Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4002.1 GR		10. FIELD AND POOL, OR WILDCAT East Morton-Wolfcamp	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 34, T14S, R35E	
		12. COUNTY OR PARISH Lea	13. STATE N.M.

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 type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Completion</u>	(Other) <u>X</u>
(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.)*

5/5/87 MIRU PU, NU tbq. head and BOP. Test to 1800#. 5-1/2" csg. released from slips.

5/6/87 Reset csg. slips. Test tbq. head & BOP to 3000# (OK). PU & RIH w/4-1/2" bit, DC's & 2-7/8" tbq. Drlg. D.V. Tool @ 5985' (tbq. measurement).

5/7/87 Test D. V. Tool to 3000# (OK). Drlg. F.C. & shoe jt. to 10,491' (6' above shoe). Test to 3000# (OK). POOH w/tbg. & bit. Ran CBL-CLL-GR log from logger TD @ 10,492' to top of cement from 1st stage @ 8780'. Ran log from 5990' to top of cement from 2nd stage @ 4880'.

5/8/87 RIH w/4-1/2" bit, DC & 2-7/8" tbq. Drlg. shoe. Drlg. formation from 10,500' to 10,511'.

ACCEPTED FOR RECORD

SJS
JUN 9 1987

(Continued)

18. I hereby certify that the foregoing is true and correct		CARLSBAD, NEW MEXICO	
SIGNED <u>[Signature]</u>	TITLE Assistant Division Production Manager	DATE 6-5-87	
(This space for Federal or State office use)			
APPROVED BY _____	TITLE _____	DATE _____	
CONDITIONS OF APPROVAL, IF ANY:			

*See Instructions on Reverse Side

RECEIVED
JUN 11 1997
FBI OFFICE