

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 Kanab 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 & 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 checked="" type="checkbox"/>	(Other) <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.)*

Change Cement Program: Cement in two stages due to water flow w/21 ppm H₂S @ 5762'.

Proposed Cementing Program:

Run 5-1/2 csg. to T.D. of 10,500' w/cement stage Tool @ 5990'. Cement shoe w/400 sxs. 50/50 Poz "H" w/2% TG & 2% KCL. Cement stage tool w/300 sxs Class "C" w/6# salt, 0.6# Hl-Seal.

Original Program: Cement in one stage w/420 sxs. 50/50 Poz "H".

Verbal approval from Mr. David Glass.

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

SIGNED

TITLE

Assistant Division
Production Manager

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

AREA MANAGER
CARLETON RESOURCE AREA

DATE

CONDITIONS OF APPROVAL, IF ANY:

RECEIVED
JUN 11 1987
OCD
HOBBS OFFICE