

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

6. NM 51843

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA

12. COUNTY OR PARISH

13. STATE

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Kaneb Operating Company, Ltd.

3. ADDRESS OF OPERATOR

400 Wilco Bldg., Midland, Texas 79701

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4002.1 GR

Jones 34 Federal

1

East Morton-Wolfcamp

Sec. 34, T14S, R35E

Lea N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 Casing Program: Set 5-1/2, 23#, Production csg. @ 10,500' cemented with 420 sx. 50/50 poz mix Class "H" w/2% gel & 2% KCL. Complete O.H. to 10,520'.

Original Csg. Program: 7-7/8 hole to 10,700' w/5-1/2 csg. set to T.D.

Verbal approval from Mr. David Glass on 5/1/87.

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

Rajendra Giri

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side