

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instruction
verse side)

DATE

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR FINA OIL & CHEMICAL COMPANY	8. FARM OR LEASE NAME Johns B Federal
3. ADDRESS OF OPERATOR Box 2990, Midland, TX 79702-2990	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter O, 660' FSL & 1980' FEL Sec. 26, T-17-S, R-32-E, NMPM	10. FIELD AND POOL, OR WILDCAT Maljamar Grayburg San Andre
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3953' DF
	11. SEC., T., R., M., OR B.L. AND SURVEY OR AREA 26, 17S, 32E, NMPM
	12. COUNTY OR PARISH Lea
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<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.)

Propose to recomple well into Pearsall (Queen) Field. This will require setting a CIBP @ 4000' and cap w/35' cmt. to permanently abandon the Grayburg San Andres production. A GR/CBL/CNL log will be run to determine exact perforating intervals. Estimated perforations are from 3580'-3690'. This interval is to be acidized and fracture stimulated upon completion. The casing integrity will be tested to 500 psi prior to recompletion.

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

SIGNED

Neva Herndon
Neva Herndon

TITLE Petrotechnical Associate

DATE 9-9-91

(This space for Federal or State office use)

APPROVED BY

Orig. Signed by Adam Satameh

TITLE

PETROLEUM ENGINEER

DATE

9/19/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side