Form 3160-5
(November 1983)
(Formerly 9-331)

# UNITED STATES
# DEPARTMENT OF THE INTERIOR
## BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.: LC-058671-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

## 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 [X] GAS WELL [ ] OTHER

7. UNIT AGREEMENT NAME: WCP Unit

2. NAME OF OPERATOR: Cross Inc.

8. FARM OR LEASE NAME: WCP Unit Sec 4

3. ADDRESS OF OPERATOR: P. Box 460 - Hobbs, NM 88240

9. WELL NO.: Loc. 354

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 990' FSL & 2615' FEL Unit Letter O

10. FIELD AND POOL, OR WILDCAT: Wilson (Grayburg)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 23-10S-32E

14. PERMIT NO.: 30-025-24599

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

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: | | SUBSEQUENT REPORT OF: | |
|---|---|---|---|
| TEST WATER SHUT-OFF [ ] | PULL OR ALTER CASING [ ] | WATER SHUT-OFF [ ] | REPAIRING WELL [ ] |
| FRACTURE TREAT [ ] | MULTIPLE COMPLETE [ ] | FRACTURE TREATMENT [ ] | ALTERING CASING [ ] |
| SHOOT OR ACIDIZE [ ] | ABANDON* [ ] | SHOOTING OR ACIDIZING [ ] | ABANDONMENT* [ ] |
| REPAIR WELL [ ] | CHANGE PLANS [ ] | (Other) Squeeze Surface Pipe [X] | |
| (Other) [ ] | | (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.)*

6/22/87 Established circulation rate of at least 1/2 BPM down coiled tbg. Pump 160 sxs Class "C" neat cement. Once circulation broke, shut-in braden head valve and attempted to squeeze an additional 15 sxs of cement not exceeding 550 psi at 1/4 BPM.

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

SIGNED [signature] TITLE [illegible] DATE Aug 17 1989

(This space for Federal or State office use)

APPROVED BY (ORIG. SGD.) DAVID R. GLASS TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side