

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions re-
verse side)

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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM 0319697
2. NAME OF OPERATOR FINA OIL & CHEMICAL COMPANY	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 10887, Midland, Texas 79702	7. UNIT AGREEMENT NAME API # 30-025-20915
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL, & 660' FWL Unit E	8. FARM OR LEASE NAME Hudson Federal
14. PERMIT NO.	9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3673' KB	10. FIELD AND POOL, OR WILDCAT Lusk Strawn
	11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5 - 19S - 32E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	Casing Integrity <input checked="" type="checkbox"/>

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.)

Intent: Perform mechanical integrity of casing. Evaluate for recompletion potential.

Procedures:

1. RU wireline company.
2. RIH w/ junk basket and gauge ring.
3. RIH w/ CIBP. Set @ 11,304 +/- (Top perf is @ 11,364'; top of cement @ 10,480'.
4. Dump 35' cement cap on top of CIBP.
5. Fill casing w/ 3% KCl water.
6. Contact BLM to witness MIT.
7. Pressure test casing to 500 psi, holding pressure, w/no greater than a 10% leakoff during 30 minute test.
8. If casing tests OK, file for 12 mos TA status while recompletion potential is being evaluated.

NOTE: Work to begin week of 8/16/93.

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

SIGNED Neva Herndon TITLE Petrotechnical Associate

DATE 07/28/93

(This space for Federal or State office use)

APPROVED BY (GEO. SEC.) JOE G. LARA TITLE Petroleum Engineer

DATE AUG 26 1993

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

SEP 01 1993

OFFICE