Form 3160-5 (November 1983) (Formerly 9-331) BUREAU OF LAND MANAGEMENT	IC TE* re Budget Bureau No. 1004-0135 Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LC 069276 6. IF INDIAN, ALLOTTEE OF 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.)	7. UNIT AGREEMENT NAME
I. OIL CAB CAB OTHER WELL WELL OTHER 2. NAME OF OPERATOR	8. FARM OR LEASE NAME Hudson Federal "29"
Pennzoil Company 3. ADDRESS OF OPERATOR P.O. Drawer 1828 Midland, Texas 79701 P.O. Drawer 1828 Midland, Texas 79701	9. WELL NO. 7 1 10. FIELD AND POOL, OR WILDCAT
 P. U. Drdwer 1028 internet, including recedence with any State requirements.* Location or Well (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980'FEL & 660' FNL of Sec. 29, T18S R33E 	Corbin, South 11. BBC., T., B., M., OB BLX. AND BURYBY OR ABBA
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	Sec. 29, T18S R33E 12. COUNTY OB PARISH 13. STATE Lea NM
16. Check Appropriate Box To Indicate Nature of Notice, Repo	
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTLED. TREAT MULTIPLE COMPLETE ABANDON* X REPAIR WELL CHANGE FLANS (Other) (NOTE: Repo (Other) Recomplete Completion of Compl	ZING ABANDONMENT [®]

17. DESCRIBE PROPOSED ON 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 sones pertinent to this work.)*

Propose to abandon the Morrow and Wolfcamp zones and recomplete to the Bone Spring. Both existing and proposed wellbore schematics are attached. Bridge and cement plugs will be set above both the Morrow and Wolfcamp zones as shown on the attached recompletion procedure.

*See Instructions on Reverse Side



