

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Drugget District No. 1004-01.1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-14903

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Corbin Federal

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

South Corbin Wolfcamp

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

Sec. 20, T18S, R33E

12. COUNTY OR PARISH 13. STATE

Lea

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

C. W. Trainer

3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Inc. Box 755, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface 660' FSL & 1980' FWL of Sec. 20

14. PERMIT NO.

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

3799.7 CR

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) Test Bone Springs

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

XXX

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.)*

Filed to amend sundry notice filed 11/22/85 to read as follows:

It is proposed to spot 10 sack cement plug on top of retainer at 10,912. Perforate 10,575, set retainer 10,200 & cement with 50 sacks. Perforate 9130, set retainer at 9120 & cement with 200 sacks. Perforate Bone Springs 9063 to 9074, treat with 1500 gallons 15% acid, swab for test.

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

SIGNED

Wanna Holko

TITLE Agent

DATE 12/9/85

(This space for Federal or State office use)

APPROVED BY

Mark H. Hain

TITLE

DATE

12-12-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side