

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 1004-0113  
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-01135	
2. NAME OF OPERATOR Fina Oil & Chemical Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2990 Midland, Texas 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1680' FNL & 1980' FEL		8. FARM OR LEASE NAME Federal HH 33	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3557.1 GL		10. FIELD AND POOL, OR WILDCAT Lusk Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33 T19S, R32E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

1. RIH & set CIBP @ 12,520'. Cap w/ 20' cmt.(Plug off perfs 12,545' - 12,552')
2. RIH w/ 4" csg gun & perforate/re-perforate Morrow from 12,462' - 12,478' w/ 4 JSPF. (64 holes).
3. Swab well & test natural flow.
4. Acidize perfs 12,462'-12,478' w/ 3000 gals. 7 1/2% mud acid + 40% Nitrogen.
5. Flow back & stabilize well.
6. Shut well in for 144 hr. BHPBU.
7. Evaluate BHPBU for reservoir pressure and skin damage. Based upon results of BHPBU the Morrow will be fracture stimulated with 28,000 gallons of 60% Alcofoam + 20,000# of 20/40 mesh Interprop.
8. Flow back & test well.
9. Re-potential and return to sales.

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

SIGNED Stanley R. Bates TITLE Staff Production Engineer DATE November 3, 1991

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 11/25/91

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side