

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

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. 88240 NMC-26692	
2. NAME OF OPERATOR J.M. Huber Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1900 Wilco Building, Midland, Texas 79701		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 660' FSL & 1980' FWL of Section 26		8. FARM OR LEASE NAME Federal "26-A"	
14. PERMIT NO. 30-025-29249		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) KB: 3830'		10. FIELD AND POOL, OR WILDCAT EK Bone Spring	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T18S, R33E	
		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"/>
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"/>		<input 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) Plug back & cmt. prod. csg.	<input checked="" type="checkbox"/>		<input checked="" 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.)*

11/12/85 TD 7-7/8" hole @ 10,600'. Hole taking 11 bbls/hr mud.

11/14/85 Spot 27 sx. Cl. "H" Neat cmt plug from 10,469' to 10,400' as per verbal instruction from Bob Pitschke @ 2:40 PM MST 11/14/85. WOC 6 hrs. Tag cmt. plug @ 10,451', which was witnessed by BLM representative Walter Cox.

11/15/85 Ran 246 jts of 5-1/2" csg & set @ 10,363' as follows from top to bottom:
to 77' of 17#, K-55, LTC; 8345' of 15.5#, K-55, LTC; 1941' of 17#, K-55, LTC;
11/16/85 with DV tool @ 6822'. Cmted in two stages as follows: 1st stage: pmpd 320
sx Halliburton Lite w/6# salt & 1/4# flocele per sk, followed by 465 sx. Cl.
"H" w/0.5% CFR2 & 3# salt per sk. 2nd stage: pmpd 700 sx Cl. "H" w/0.5%
CFR2 & 3# salt per sk, followed by 310 sx Halliburton Lite w/6# salt & 1/4#
flocele per sk. Tailed in w/100 sx Cl. "H" w/0.5% CFR2 & 3# salt per sk.
Plug down @ 3:30 AM 11/16/85. Cmt top @ 1221' by temp survey. Cmt and
csg will be pressure tested when cmt & plugs are drilled out.

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

SIGNED

Robert R. Glenn

(915) 682-3794

TITLE District Production Manager

DATE 11/21/85

(This space for Federal or State office use)

ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 27 1985

*See Instructions on Reverse Side

RECEIVED
DEC 2 - 1985
O.C.D.
HOBBS OFFICE

RECEIVED
NOV 25 1985
O.C.D.
HOBBS OFFICE