

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.

NM - 26692
6. IF INDIAN, ALLOTTEE OR 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR J. M. Huber Corporation		8. FARM OR LEASE NAME Federal "26-A"	
3. ADDRESS OF OPERATOR 1900 Wilco Building, Midland, Texas 79701		9. WELL NO. 1	
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		10. FIELD AND POOL, OR WILDCAT EK Bone Spring	
14. PERMIT NO. 30-025-29249		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 26, T18S, R33E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB: 3830'		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <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"/>	

SUBSEQUENT REPORT OF:

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 checked="" type="checkbox"/>
(Other) Intermediate Csg. <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.)*

- 10/26-27/85 - Ran and set 8-5/8" csg. in 11" hole at 3700' as follows:
1930' of 8-5/8", 28#, S-80, STC; 1692' of 24#, K-55, STC; 78' of 28# S-80, STC. Placed one centralizer in middle of shoe joint, and one centralizer across each of the next four collars up. Cemented with 1100 SX Halliburton Light w/15# salt and 1/4# flocele per sack, followed by 300 SX CL "C" w/3# salt per sack. Plug down at 8:00 a.m. CST 10/27/85. Circulate 250 SX cement to pits. BLM witnessed cement job.
- 10/27/85 - WOC 18 hours. Tested casing and BOP'S to 1500 PSI for 30 minutes. Held OK.

18. I hereby certify that the foregoing is true and correct (915)682-3794

SIGNED Robert R. Glenn TITLE District Production Manager DATE October 29, 1985

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

OCT 29 1985

*See Instructions on Reverse Side