

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
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. LC-064944
2. NAME OF OPERATOR J.M. Huber Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1900 Wilco Bldg., 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' FEL, Sec. 27 1830		8. FARM OR LEASE NAME Federal "27"
14. PERMIT NO. 30-025-29250 API#		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL: 3799' KB: 3815'		10. FIELD AND POOL, OR WILDCAT EK Bone Spring
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, 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:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PULL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

Return to production

(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.)*

12/27/85 Gas pipeline connection made. Placed well on line @ 12:01 PM, CST.

ACCEPTED FOR RECORD

Guir
JAN 2 1986

CARISBAD, NEW MEXICO

18. I hereby certify that the foregoing is true and correct		(915) 682-3794
SIGNED <i>Robert R. Glenn</i>	TITLE District Production Manager	DATE 12/30/85
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side