

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMITTED IN TRIPLICATE\*  
(Other instructions on re-verse 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 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 & 1830' FEL, Sec. 27		8. FARM OR LEASE NAME Federal "27"	
14. PERMIT NO. 30-025-29250 API#		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, OR, 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:		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 type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input 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) Temporary shut in of well <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.) \*

9/27/85 Shut well in @ 1:15 PM MST to cease flaring of casinghead gas. Waiting on casinghead gas connection by Phillips Petroleum

APPROVED FOR 3 MONTH PERIOD

ENDING 1/15/86

18. I hereby certify that the foregoing is true and correct (915) 682-3794	
SIGNED <u>Robert R. Glenn</u>	TITLE <u>District Production Manager</u> DATE <u>10/11/85</u>
(This space for Federal or State office use)	
APPROVED BY <u>Don Wood</u>	TITLE <u>AREA MANAGER</u> DATE <u>10-16-85</u>
CONDITIONS OF APPROVAL, IF ANY:	

\*See Instructions on Reverse Side

RECEIVED  
OCT 18 1985  
U.S.D.  
HQBBS OFFICE