

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO 88240

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 Form 9-331-C for such proposals.)

1. oil well ☒ gas well ☐ other ☐
2. NAME OF OPERATOR
J.M. Huber Corporation
3. ADDRESS OF OPERATOR
1900 Wilco Building, Midland, TX 79701
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)
AT SURFACE: 660' FSL & 1830' FEL, Sec. 27
AT TOP PROD. INTERVAL:
AT TOTAL DEPTH:
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

REQUEST FOR APPROVAL TO:	SUBSEQUENT REPORT OF:
TEST WATER SHUT-OFF <input type="checkbox"/>	<input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	<input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	<input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	<input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	<input type="checkbox"/>
MULTIPLE COMPLETE <input type="checkbox"/>	<input type="checkbox"/>
CHANGE ZONES <input type="checkbox"/>	<input type="checkbox"/>
ABANDON* <input type="checkbox"/>	<input type="checkbox"/>
(other) Spud & Surface Csg <input type="checkbox"/>	X

5. LEASE
LC-064944
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Federal 27
9. WELL NO.
1
10. FIELD OR WILDCAT NAME
Undes. 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
New Mexico
14. API NO.
15. ELEVATIONS (SHOW DF, KDB, AND WD)
GL 3799

(NOTE: Report results of multiple completion or zone change on Form 9-330.)

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.)*

6/10/85 Spud 17½" hole @ 9:15 AM CDT. TD hole @ 350'. Ran & set 13-3/8" 54.5#, K-55 STC casing @ 350'. Cemented with 375 sx. Class "C" cmt w/2% CaCl2 & ½# flocele per sk. Plug down @ 5:00 PM CDT
6/10/85. Circ. 100 sx to pit. Cmt job witnessed by BLM.

6/11/85 WOC 18 hrs. Test BOP and csg to 1000 psi for 30 min, held OK.

Subsurface Safety Valve: Manu. and Type _____ Set @ _____ Ft.

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

SIGNED Robert R. Glenn TITLE Dist. Prod. Mgr. DATE June 14, 1985

(This space for Federal or State office use)

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

JUL 1 1985

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO