

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NEW MEXICO 8824

SUBMIT IN TRIPPLICATE
(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. 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 560' FSL & 660' FEL, Section 27		8. FARM OR LEASE NAME Federal "27"
14. PERMIT NO. 30-025-29400		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB: 3817'		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.

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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Set pumping unit</u> <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.) *

11/4-6/85 Drill out DV tool & clean out to 10,659'. Test casing to 1500 psi for 30 min, held OK.

11/7/85 Perf. 10,518-524' w/2 JSPF. Acidize with 1000 gals. 15% HCL acid. Swab 100% wtr.

11/9/85 Set CIBP @ 10,427' w/2½ sx. cmt on top. New PBTD 10,405'.
Perf. 9429-34'; 40-44'; 50-54'; 68-82' w/2 JSPF

11/11/85 Acidize perms. 9429-482' w/2000 gals 7½% HCL acid. Swab test.

11/13/85 Frac perms. 9429-482' w/50,000 gals. gelled wtr and Co2 w/123,000# 20/40 sand. Swab test. Recovered oil/water emulsion.

11/22/85 Acidize perms 9429-482' w/3000 gals. 15% Dolowash acid. Swab test.

11/29/85 Perf. 8828-35'; 39-44'; 64-66'; 90-97' w/2 JSPF.

11/30/85 Acidize perms. 8828-897' w/2000 gals 7½% HCL acid. Swab test. Recovered oil/water emulsion.

(con't)

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

SIGNED Robert R. Glenn TITLE District Production Manager DATE 12/31/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
FOR RECORD

JAN 3 1986

*See Instructions on Reverse Side