

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. OIL GAS SUMMARY  
SUBMIT IN TRIP  
(Other Instruction  
verse side)  
BOBBS, NEW MEXICO 88240

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"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR J.M. Huber Corporation		8. FARM OR LEASE NAME Federal 27
3. ADDRESS OF OPERATOR 1900 Wilco Building, Midland, TX 79701		9. WELL NO. 2
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 of Section 27		10. FIELD AND POOL, OR WILDCAT Undes. EK Bone Spring
14. PERMIT NO. 30-025-29400		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T18S, R33E
15. ELEVATIONS (Show whether DF, RT, OR, etc.) KB: 3817'		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 <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 type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Intermediate Csg.	

(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.)\*

9/26/85 Ran & set 8-5/8" csg in 11" hole @ 3700' as follows: 1822' of 8-5/8" 28#, S-80, STC; 1804' of 8-5/8", J-55, STC; 74' of 8-5/8", 28#, S-80, STC. Placed one centralizer in middle of shoe jt. and one centralizer across each of the next four collars up. Cemented w/1200 sx Halliburton Light w/15# salt & 1/4# flocele per sk, followed by 300 sx Cl. "C" w/3# salt/sk. Plug down at 5:00 AM CST 9/27/85. Circ. 50 sx. cmt to pits.

9/27/85 WOC 18 hrs. Tested csg & BOPs to 1500 psi for 30 min., held OK.

18. I hereby certify that the foregoing is true and correct

SIGNED

Robert R. Glenn

(915) 682-3794

TITLE District Production Mgr.

DATE 9/30/85

(This space for Federal or State office use)

APPROVED BY: COMPILED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OCT 2 1985

\*See Instructions on Reverse Side