

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
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"/>		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, Texas 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, 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, GR, 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Spud & surface casing

(Other)

(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.)*

9/21/85 Spud 17½" hole @ 10:45 AM CST. TD hole @ 360'. Ran and set 13-3/8" 54.50# J55 ST&C csg @ 360'. Cemented w/375 sx. Cl. "C" w/2% CaCl2 & ¼# Flocele per sk. Plug down @ 7:00 PM CST 9/21/85. Circ 110 sx to pit. Cmt job was not witnessed by BLM.

9/22/85 WOC 18 hrs. Test BOP and csg to 1000 psi for 30 min., held OK.



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

SIGNED Robert R. Glenn by [Signature]
Robert R. Glenn

TITLE District Production Manager DATE 9/23/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____
CONDITIONS OF APPROVAL, IF ANY: [Signature]

DATE _____

SEP 30 1985

*See Instructions on Reverse Side

RECEIVED
OCT - 3 1985
O.C.D. OFFICE
HOBBS OFFICE