

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
HOBBS, NEW MEXICO 87002

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TC

Form approved:
Budget Bureau No. 1004-100
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL

NM 63368

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bondurant Federal

9. WELL NO.

#2

10. FIELD AND POOL OR WILDCAT

WEST - TONTO - YATES SK'
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec 13, 19S, 32E

12. COUNTY OR PARISH; 13. STATE

Lea

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Hopper-Barnett, Inc.

3. ADDRESS OF OPERATOR

P.O. Box 1706, Hobbs, NM 82840

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

990' FWL & 2310 FNL, Sec 13, 19S, 32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

K.B. 3633.2

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 COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANE

(Other)

(Other)

Cement

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Include 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.)*

2-3-88 Set 3305' 5 1/2" 14&15.50 # casing. Cemented W/90 sks Pos A, & 90 sks CLC

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

SIGNED

Russ Hopper

TITLE

President

DATE

4-11-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS