

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TR  
(Other Instruct  
verse side)

CATE  
OR Te

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-064944

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "MA"

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

South Corbin (Wolfcamp)

11. SEC., T., R., M., OR BLK. AND  
SUBST OR AREA

Sec. 21, T18S, R33E

12. COUNTY OR PARISH

Lea

13. STATE

NM

14. PERMIT NO.

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

3653' GL

16.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Cmt. 5 1/2" Csg.

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Csg. set @ 11,511'. DV Tool @ 7659'

Preflush w/ 500 gals. WMWI, 750 gals. Shur-Bond. Cmt. w/ 905 sx Cl. "H" w/ 18% Salt, 0.7% CF-14, 0.2% AFS. P.D. @ 7:10 a.m. on 6/09/89. Cmt. circ. 150 sx.

Second Stage: Cmt. W/ 650 sx Super "H" w/ 0.1% Diacel LWL; 880 sx Cl. "H" w/ 18# Salt/sx, 0.7% CF-14, 0.2% AFS. P.D. @ 3:05 p.m. on 6/09/89. Cmt. circ. 100 sx.

RECEIVED  
JUN 11 1989

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

SIGNED

*David R. Glass*

TITLE

Sr. Staff Env./Reg. Specialist

DATE

6/09/89

(This space for Federal or State signature)

APPROVED BY

(ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

JUN 14 1989

CARLSBAD, NEW MEXICO \*See Instructions on Reverse Side