

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NM
OF COPIES REQUIRED
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NMD60-3160-4

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> P & A		5a. Area Code & Phone No. 505/393-2223		5. LEASE DESIGNATION AND SERIAL NO. NM 39956	
2. NAME OF OPERATOR Hopper-Barnett, Inc.				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1706, Hobbs, NM 88240				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 1650 FWL & 1650 FNL, Sec. 31, 19S, 32E, Lea County, New Mexico				8. FARM OR LEASE NAME Princess D	
14. PERMIT NO. 30-025-3077		15. ELEVATIONS (Show whether DF, RT, GR, etc.) K.B. 3543.8		9. WELL NO. #1	
				10. FIELD AND POOL, OR WILDCAT West Lusk Delaware	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31-19S-32E	
				12. COUNTY OR PARISH Lea	
				13. STATE NM	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input 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.)*

Spudded-12-20-89. Drilled 17 1/4 Hole to 687, Set 685 of 48#, 13 3/8 pipe Cemented W/750 Sks CL. "C" on 12-31-89. Cir. 65 Sks. T.D. 12 1/4 hole on 1-6-90. Ran 3801 24 & 32# pipe & cemented W/670 Sks. H.L. & 300 Sks "c" Circ. 126 Sks. Cement. Drilled to T.D. of 7150 on 1-14-90. Ran logs. Set 1st cement plug at 7050' W/35 Sks. Premium+ & set 2nd plug at 5050' W/35 Sks. Premium+, Set 3rd cement plug at 3750' W/35 Sks Premium+, Set 4th cement plug at 635' W/35 Sks. Premium+, Set 5th plug at surface W/10 Sks. Premium+ on 1-15-90. Release Rigon 1-15-90. Set Dry Hole marker.

RECEIVED
MAR 9 10 53 AM '90
CARTER
AND

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

SIGNED <u>[Signature]</u>	TITLE <u>Sec/Treas</u>	DATE <u>3-7-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>DEPT. ENGINEER</u>	DATE <u>3-27-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

Approved as to plugging of the well bore.
Liability under bond is retained until
surface restoration is completed.

*See Instructions on Reverse Side