

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instruction, reverse 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM-14496
2. NAME OF OPERATOR Barbara Fasken	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 303 W. Wall Ave., Suite 1900, Midland, Texas 79701-5116 See also space 17 below. At surface	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) 1980' FNL & 1980' FEL	8. FARM OR LEASE NAME Ling Federal
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3651.6	10. FIELD AND POOL, OR WILDCAT Quail Ridge (Morrow)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-19-S, R-34-E
	12. COUNTY OR PARISH Lea
	13. STATE NM

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 type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input 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.)

- (a) Set plug in permanent packer at 13,470' and capped with 2 sx cement. (4-21-87)
- (b) Plug at 13,470' leaking. Set CIBP at 13,405' and capped with 2 sx cement.
- (c) Perforated Middle Morrow pay at 13,246', 13,248', 13251'-271' w/1 JSPF.
- (d) Stimulated perfs 13,246'-13,271' w/9000 gals. 7½% MS acid. Flowed and cleaned up well.
- (e) Isolated perfs 13,246'-13,271' w/bridge plug set at 13,235'.
- (f) Perforated Upper Morrow pay at 13,190'-13,223' w/1 JSPF. (4-23-87)
- (g) Stimulated perfs 13,190'-13,223' w/7500 gals. 7½% MS acid. Flowed and cleaned up well. (5-29-87 - 9-15-87)
- (h) Removed bridge plug at 13,235" to commingle Upper and Middle Morrow zones. (9-18-87)
- (i) RIW w/5½" retrievable packer and 2-3/8" tubing and set packer at 12,994'.
- (j) Swabbed well to natural flow. Producing 730 MCFPD, 25 bbls. condensate + 8 bbls. water per day.

Work began 4-21-87, Work completed 9-20-87

ACCEPTED FOR RECORD

1987

SJS

CARLSBAD, NEW MEXICO

RECEIVED
OCT 1 10 52 AM '87
CARLSBAD, NEW MEXICO

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

SIGNED <i>James H. Davis Jr.</i>	TITLE Agent	DATE 9-30-87
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

RECEIVED

OCT 12 1987

**OCD
HOBBS OFFICE**