

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL AND GAS COMMISSION
BOX 1980

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, Suite 1900, Midland, Texas 79701-5116 | 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 1980' FNL & 1980' FEL | 8. FARM OR LEASE NAME Ling Federal |
| 14. PERMIT NO. | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3651.6 RKB | 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 checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input 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.)

Propose to plugback from Lower Morrow, Perforate middle&upper Morrow as follows:

1. Set plug in permanent packer profile nipple @ 13470' and cap with 2 sx cement to isolate perforations 13514'-13522'.
2. RIW w/2-3/8" tubing and packer and set packer at 12900'.
3. Perforate 5 1/2" casing w/1-11/16" strip gun @ 13246', 13248', 13251 -271'. 13 holes. (Middle Morrow)
4. Test well and stimulate as necessary.
5. Release packer and POW with tubing.
6. RIW with 5 1/2" wireline set retrievable packer w/1 jt. 2-3/8" bullplugged below packer. Set packer at 13235'.
7. RIW with 5 1/2" retrievable packer and 2-3/8" tubing and set packer at 12935'.
8. Perforate 5 1/2" casing w/1-11/16" strip gun @ 13190'-13223'. 34 holes. (Upper Morrow)
9. Test well and stimulate as necessary.
10. Perforate 2-3/8" tubing below packer @ 13240' w/1-11/16" hollow carrier gun w/6 JSPF. 6 holes.
11. Flow well to clean up and return to production.

Note: Work to begin April 20, 1987.

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

SIGNED James H. Davis Jr. TITLE Agent

(This space for Federal or State office use)

DATE 4-15-87

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE acting

AREA MANAGER
CARLETON RESOURCE AREA

DATE 4/20/87

*See Instructions on Reverse Side

RECEIVED

APR 21 1987

OCD

HOBBS OFFICE