

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-064098

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

White Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT
Undesig. North Young-
Bone Spring

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

Sec. 5, T18S, R32E

14. PERMIT NO.

30-025-29571

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

3824' GR

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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

spud/casing

(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.)*

Spud 17 1/2" hole at 3:00 p.m. 1-24-86. Set 13 3/8", 68# N-80 STC at 517'. Cemented with 525 sx C1C. Circulate to surface. After 19 hours tested annular, casing, and wellhead to 1500# - OK. Resumed drilling.

On 1-29-86 set 9 5/8", 53.5# P-110 LTC at 2693'. Cemented with 850 sx C1C. Circulated cmt. to surface. After 17 1/2 hours tested BOP system and casing to 2000# - OK. Resumed drilling.

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

SIGNED

Melba Knipling

TITLE

Section Head

DATE

2-13-86

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED
FEB 14 1986
C.C.P.
HOBBS OFFICE