

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI  
(Other instructions  
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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.)

AUG 1 1988

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	8. FARM OR LEASE NAME Ling Federal
14. PERMIT NO. 1980' FSL & 660' FWL	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3628.7 RKB	10. FIELD AND POOL, OR WILDCAT Quail Ridge (Morrow)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 31, T-19-S, R-34-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <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.)\*

7-15 - 7-12-88

1. Rigged up pulling unit, drilled out D.V. tool and tested 5½" casing to 4500 psi, OK. (7-5 & 6-88)
2. Ran cement bond log from surface to TD (7-7-88)
3. Ran in well with 3-3/8" OD tubing conveyed perforating guns, packer, and 2-3/8" EUE 8rd N-80 tubing and set packer at 13,084'. Nippled up X-mas tree, dropped bar, and perforated 5½" casing from 13,172-196', 13217-229', 13243-267', 13270-276', 13301-305'. 42 holes. (7-8-88)
4. Swabbed well to natural flow and cleaned up. Tested on ½" positive choke, FTP 800 psi, gas rate - 5103 mcfpd (7-9, 10, 11-88)
5. Ran four-point back pressure test. C.A.O.F. = 6,783 mcfpd (7-14-88).
6. Waiting on gas pipeline connection (7-15-88)

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

SIGNED *Jimmy Davis Jr.*

TITLE Drilling & Operations Supt. DATE 7/26/88

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

AUG 3 1988

\*See Instructions on Reverse Side

SJS  
CARLSBAD, NEW MEXICO