

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☐ GAS WELL ☒ OTHER ☐ Drilling Well

2. NAME OF OPERATOR
Barbara Fasken

3. ADDRESS OF OPERATOR
303 W. Wall, Suite 1900, Midland, Texas 79701-5116

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
At surface

1980' FSL and 660' FWL

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

3604.2 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF	PULL OR ALTER CASING
FRACTURE TREAT	MULTIPLE COMPLETION
SHOOT OR ACIDIZE	ABANDON*
REPAIR WELL	CHANGE PLANT
(Other)	

SUBSEQUENT REPORT OF:

WATER SHUT OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
SHOOTING OR ACIDIZING	ABANDONMENT*
(Other) Run and cement surface casing	X

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. 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 at 9 a.m. C.D.T., 5-9-88, 17½" bit and spud mud.
- May 9, 1988, TD 396', ran and set 13-3/8", H-40, 48#/ft. casing @ 396', cemented with 600 sx Class "C" w/2% CaCl (s.w. 14.8 ppg, yield 1.32 cu ft/sk). Plug down at 6:45 p.m. C.D.T., 5-9-88, circulated 308 sx excess cement.
- Total W.O.C. time 16½ hrs. before drill out.
- May 10, 1988, drilling ahead with 12¼" bit and brine water @ 1315'.

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

SIGNED C. Lynn Smith

TITLE Agent

DATE 5-16-88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

*See Instructions on Reverse Side

5. LEASE DESIGNATION AND SERIAL

NM-14496

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ling Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

Quail Ridge (Morrow)

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

31, T-19-S, R-34-E

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

RECEIVED

MAY 17 11 03 AM '88
OFFICE OF THE ATTORNEY GENERAL

SSS

CARLSBAD, NEW MEXICO

RECEIVED

MAY 27 1988

CCO
HOBBS OFFICE