

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions on  
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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR PENNZOIL EXPLORATION & PRODUCTION COMPANY		8. FARM OR LEASE NAME LEA CHAPARRAL FEDERAL GOV.
3. ADDRESS OF OPERATOR P. O. DRAWER 1828 - MIDLAND, TEXAS 79702-1828		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface UNIT LETTER K, 1980' FSL & 1980' FWL of Section 33, T-19-S, R-34-E (NESW)		10. FIELD AND POOL, OR WILDCAT Undesignated Bone Spring
14. PERMIT NO. API #30 025 30413		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 33, 19S, 34E (NESW)
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3662.6' 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:		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Install Pumping Unit &amp; Potential</u> well.	
(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.)

08/22/89: Set pumping unit - Swabbed well - Recovered 32 BO & 12 BW.  
08/23/89: Swabbed 53 BO & 83 BW.  
08/24/89: Swabbed 18 BO & 20 BW - Trip out of hole with tubing & packer.  
08/25/89: Reran tubing & set at 9600' - Now running pump and rods.  
08/26/89: Started well pumping.  
08/27/89: Pumped 12 BO & 60 BW.  
08/28/89: Pumped 30 BO & 241 BW.  
08/29/89: Pumped 72 BO & 138 BW.  
08/30/89: Pumped 118 BO & 103 BW & 20 MCF in 24 hours on Potential Test.

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

SIGNED

*Ray R. Johnson*

TITLE

Production Accountant

DATE

August 31, 1989

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED

SEP 25 1989

OCD  
HOBBS OFFICE