

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 1004-1
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"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0631
2. NAME OF OPERATOR National Coop. Refinery Assoc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 2215, Midland, Texas 79701	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 2080' FWL & 760' FSL SE/4 SW/4 Section 11	8. FARM OR LEASE NAME Federal 11-20-34
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Lea (Bone Spring)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 11, T-20-S, R-34-E
14. PERMIT NO. -	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3644' GL 3656' DF	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) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Squeeze & Restimulate <input checked="" 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.)*

National Coop. Refinery ssoc. plans to squeeze off behind pipe channel and restimulate upper intervals of Bone Spring pay. A complete workover procedure is attached.

We respectfully request a verbal approval upon receipt of this notice as we have a rig scheduled to begin August 7, 1989. Please call 915/683-2734 with the verbal approval as soon as possible.

→ given 8/4/89.

SJS

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

SIGNED Carrie A. Baze

TITLE Production Clerk

DATE 8-2-89

(This space for Federal or State office use)

APPROVED BY Shannon J. Shaw

FOR:
TITLE

DATE 8-4-89

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side