

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT, NEW MEXICO 88240

SUBMIT IN TRIPlicate
(Other instructions
verse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. LC046164 B	
2. NAME OF OPERATOR Hamon Operating Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 3900 Re. Bk. Twr., 325 N. St. Paul, Dallas, Texas 75201		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 660' FEL & 1650" FSL, Sec. 17, T-20-S, R-36-E		8. FARM OR LEASE NAME Amerada Federal	
14. PERMIT NO. API No. 30 02527132		9. WELL NO. 3	
15. ELEVATIONS (Show whether DI, RT, GR, etc.) 3609.1' GR		10. FIELD AND POOL, OR WILDCAT usudo N. Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T-20-S, R-36-E	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

16. 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 COMPLETION <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 type="checkbox"/>	ABANDONMENT* <input checked="" 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.)*

12-31-86 Set. 50 sk cmt on top of packer @ 10,570'-10,343'
Loaded hole w/mud @ 10343'
1-3-87 Set 35 sk cmt plug @ 7600'-7450'
1-3-87 Set 35 sk cmt plug @ 5575'-5425'
1-6-87 Cut casing @ 3836'
1-9-87 Set 50 sk plug @ 3886'-3786'
1-9-87 Set 45 sk plug 3000'-2900'
1-9-87 Set 45 sk plug 1415'-1315'
1-10-87 Set 20 sk cmt plug @ surface
Installed marker

ACCEPTED FOR RECORD

NOV 16 1987

SJS
CARTERSBURG, NEW MEXICO

Note: The BLM will be notified when all equipment has been removed ; location ready for final inspection.

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

SIGNED [Signature]

TITLE President of Baxter Casing Pullers Inc DATE 1-30-87

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side