

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUBMIT IN TRIPLICATE
Other Instructions
Permit Commission

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"/>		FEB 17 11 40 AM '89		5. LEASE DESIGNATION AND SERIAL NO. LC-064194	
2. NAME OF OPERATOR BILL FENN, INC.		CARLSBAD AREA INTERESTS		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. DRAWER 569, GIDDINGS, TEXAS 78942				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' FSL & 660' FEL				8. FARM OR LEASE NAME POWELL FEDERAL	
				9. WELL NO. 1	
				10. FIELD AND POOL, OR WILDCAT WILDCAT	
				11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 4-T20S-R34E	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3632' GL		12. COUNTY OR PARISH LEA	
				13. STATE NEW MEXICO	

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 COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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 type="checkbox"/>

(Other) SPUD DATE, SURF. CSG. & CEMENT DETAILS

(NOTE: Report results of multiple completion on Well Completion or Reconpletion 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.)

SPUD DATE - 12-4-88

CASING SIZE - 13 3/8", WT. 48 & 54.5#, set at 404.88, hole size 17 1/4" 425 SKS
8 5/8", WT. 32#, set at 4999.20, hole size 12 1/4" & 11" 2375 SKS
5 1/2", WT. 20 & 23#, set at 6245.70, hole size 7 7/8" 424 SKS

DEPTH INTERVAL - 5658 - 5674 - 1000 GALS. 15% NEFE HCL
5658 - 5674 - 20,000 GALS X-LINK GEL WITH 41,000# SAND

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

SIGNED

TITLE

SECRETARY

DATE 2/13/89

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FEB 22 1989

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO

RECEIVED

FEB 24 1989

OCD
HOBBS OFFICE