

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC032096 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LOCKHART

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

BLINEBRY-TUBBS

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

17-21-37

12. COUNTY OR PARISH 13. STATE

LEA

NEW MEXICO

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 ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

CAMPBELL & HEDRICK

3. ADDRESS OF OPERATOR

P. O. BOX 401, MIDLAND, TEXAS 79702

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

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3505' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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REPAIRING WELL

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FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

(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.)\*

At present well is down-hole commingled in Blinebry-Tubb Zones.

Plan to triple complete this well to include Drinkard formation, as follows

1. Kill well.
2. Install blow-out preventer.
3. Retrieve Baker Packer set @ 6547'DF
4. Install pumping equipment.

Will commence operation upon approval.

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

SIGNED

*Loet Campbell*

TITLE PART. & PET. ENGR.

DATE 11/9/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

REC-11

NOV 18 1990

CD  
HOBAS OFFICE