

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
J. F. Herbig

3. Address and Telephone No. 915 684-9052

110 No. Marienfeld, Suite 280, Midland, Tx 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FSL & 330' FWL of Sec 29, T20S, R39E.

5. Lease Designation and Serial No.
NM-079540

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Conoco Federal #1

9. API Well No.

32-025-32667

10. Field and Pool, or Exploratory Area

DK (Drinkard)

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

This well has been put on pump and production equipment has been installed. The well is producing from the Drinkard zone. We are presently producing a very small amount of formation gas. We are in the process of having the nearby Pipelines test the gas to determine if there is enough to sell. Permission is hereby requested to flare the gas.

APPROVED FOR 2 MONTH PERIOD

ENDING 3/15/95

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

Signed J. F. Herbig

Title Operator

Date 12/19/94

(This space for Federal or State office use)

Approved by Shannon J. Shaw

Title PETROLEUM ENGINEER

Date 1/13/95

Conditions of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

V.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

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NM-079540

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8. Well Name and No.

Conoco Federal #1

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32-025-32667

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Lea County, NM

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TYPE OF ACTION

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☐ Casing Repair
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☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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The date of first production on this well was 12/1/94. The Drinkard zone was perforated at the following depths. A 4" gun was used and one shot was used at each depth: 7006', 07, 08, 09, 11, 12, 17, 18, 19, 44, 45, 57, 58, 59, 60, 61, 62, 63, 64, 7100, 02, 04, 09, 10, 11, 12, 18, 19, 20, and 7121. The zone was acidized using 3,000 gal of Halliburton 15% NEFE. It was swabbed and put on pump.

CARLSBAD, NEW MEXICO

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

Signed J. F. Herbig Title Operator

Date 12/19/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____ Date _____

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DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	7. If Unit or CA, Agreement Designation
2. Name of Operator J. F. Herbig	8. Well Name and No. Conoco Federal #1
3. Address and Telephone No. 110 No. Marienfeld, Suite 280, Midland, Tx 79701 915 684-9052	9. API Well No. 32-025-32667
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 1980' FSL & 330' FWL of Sec 29, T20S, R39E.	10. Field and Pool, or Exploratory Area DK (Drinkard)
	11. County or Parish, State Lea County, NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Other	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Notice is given that the Abo zone in this well was perforated as follows: 7250', 7270, 7271, 7294, 7329, 7330, 7382, 7389, 7398, 7412, 7419, 7423, 7428, 7435, 7451. A 4" gun was used & 2 shots were used at each depth. This zone was acidized with 1500 gal of 15% NEFE acid and subsequently reacidized with 4,000 gal of the same acid. After swabbing and pump testing this zone was found to be nonproductive. A CIBP was set at 7190' and 10' of cement was put on top.

JAN 13

SJS

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

Signed J. F. Herbig Title Operator Date 12/19/94
(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION
J. BOX 1980
HOBBS, NEW MEXICO 88240

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
J. F. Herbig

3. Address and Telephone No.
110 No. Marienfeld, Suite 280, Midland, Tx 79701 915 684-9052

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 330' FWL of Sec 29, T20S, R39E.

5. Lease Designation and Serial No.
NM-079540

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Conoco Federal #1

9. API Well No.

32-025-32667

10. Field and Pool, or Exploratory Area

DK (Drinkard)

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Notice is given that 5 1/2" new J-55 casing was run in this well to 7447'. Ran 22 jts of 17# on bottom & 159 jts of 15.5# above. Ran float shoe on bottom, float collar one jt up, and 10 centralizers. Cemented with 200 sx of Halliburton Light Premium cement followed by 300 sx Premium Plus 50/50 Posmix containing 2% gel, 3# salt, and .4% Halid 9. The plug was down at 11:45 PM on 9/29/94.

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

Signed J. F. Herbig Title Operator

(This space for Federal or State office use)

Date 12/19/94

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N OIL CONS. COMMISSION
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HOBBS, NEW MEXICO 88240

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1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
J. F. Herbig

3. Address and Telephone No.
110 No. Marienfeld, Suite 280, Midland, Tx 79701 915 684-9052

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
1980' FSL & 330' FWL of Sec 29, T20S, R39E.

5. Lease Designation and Serial No.
NM-079540

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Conoco Federal #1

9. API Well No.

32-025-32667

10. Field and Pool, or Exploratory Area

DK (Drinkard)

11. County or Parish, State

Lea County, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Notice is given that surface casing was set in this well on 9/16/94. A total of 37 jts of new 8 5/8" 24# Newport casing was set at 1672. It was cemented with 600 sx of Halliburton Premium Plus with 4% gel, 2% CaCl, 1/4# Flocele per sx, followed with 250 sx Premium Plus containing 2% CaCl. Ran Texas Pattern guide shoe on bottom, float collar one jt up, and 10 centralizers. Plug was down at 1:30 PM on 9/16/94. Cement circulated to surface. BIM (Patricia) witnessed.

RECEIVED FOR RECORD

JAN 13

SJS

HOBBS, NEW MEXICO

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

Signed J. F. Herbig Title Operator

(This space for Federal or State office use)

Date 12/19/94

Approved by
Conditions of approval, if any:

Title

Date

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS NEW MEXICO 88240

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SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☐ Other

2. Name of Operator
J. F. Herbig

3. Address and Telephone No. 915 684-9052

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Conoco Federal #1

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32-025-32667

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DK (Drinkard)

11. County or Parish, State

Lea County, NM

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TYPE OF SUBMISSION

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☒ Subsequent Report
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TYPE OF ACTION

- ☐ Abandonment
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☐ Casing Repair
☐ Altering Casing
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(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Notice is given that well is to be spudded (was spudded) On 9/15/94.

ACCEPTED FOR RECORD

JAN 13 1994

SJS

HOBBS, NEW MEXICO

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

Signed J. F. Herbig

Title Operator

Date 12/19/94

(This space for Federal or State office use)

Approved by _____
Conditions of approval, if any:

Title _____

Date _____

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Form 3160-5
(June 1990)

UNITED STATES
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BUREAU OF LAND MANAGEMENT

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Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

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SUBMIT IN TRIPLICATE

1. Type of Well
☒ Oil Well ☐ Gas Well ☒ Other Well is presently being drilled.

2. Name of Operator
J. F. HERBIG

3. Address and Telephone No.
110 No. Marienfeld, Suite 280, Midland, Tx 79701

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
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NM-079540

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Conoco Federal #1

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32-025-32667

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Lea County, NM

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We propose to change the original stipulation of the 5 1/2" production casing cementing procedure that states to "Tie back 200' into 8 5/8" Casing at approx. 1700'". The new proposal is to cement the 5 1/2" casing with 500 sacks (200 sacks Premium Light & 300 sacks of Premium Plus 50/50 Posmix containing 2% gel, 3 lbs salt, and .4% Halad 9). There have been eleven nearby wells (within approx. one mile) that were each cemented with a total of 300 to 400 sacks of cement on the production strings. We know of no casing problems in the wells and the wells are still producing.

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

Signed J. F. Herbig
(This space for Federal or State office use)

Title Operator (Petroleum Engr) Date Sept. 22, 1944

Approved by Orig. Signed by Shannon Shaw
Conditions of approval, if any:

Title PETROLEUM ENGINEER Date 9/27/94

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