

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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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 to change country to a different reservoir.
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	5. Lease Designation and Serial No. LC 068848
2. Name of Operator Baker Well Services Co.	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 1772 Hobbs, N.M. 88240	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Su1/4 Sw1/4 Section 19, T-23-S, R-33-E <i>unit on</i>	8. Well Name and No. Marshall No. 1
	9. API Well No.
	10. Field and Pool, or Exploratory Area Cruz Del Norte
	11. County or Parish, State Lea County, N.M.

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 Casing Integrity Test	<input type="checkbox"/> Dispose Water

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.)*

1. NOTIFIED BLM Representative
2. Loaded Casing w/ 4.5 bbls 2% KCl
3. Pressured Casing To 500+ psi. Held 15 minutes
4. Released Pressure. Closed when Back in.
5. Requesting TA status.

APPROVED FOR 12 MONTH PERIOD

ENDING 12-1-92

14. I hereby certify that the foregoing is true and correct	
Signed Mark D. Clarke	Title Engineer
(This space for Federal or State office use)	
Approved by _____	Title _____
Conditions of approval, if any:	Date 12-20-91

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

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