

UNIT STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

240

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 ☒ GAS WELL ☐ OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-0559539
2. NAME OF OPERATOR R E HIBBERT		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1401 Houston Club Building, Houston, Tx 77002		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 1830' FWL & 660' FSL OF SE/4, SW/4, UNIT LETTER N		8. FARM OR LEASE NAME AMOCO "29" FEDERAL
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3650.0' GR		10. FIELD AND POOL, OR WILDCAT Wildcat-Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T23S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☒
REPAIR WELL	☐	CHANGE PLANS	☐
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	☐	REPAIRING WELL	☐
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.) *

11/27/85 - We propose to set plugs from 4760'-4800' 29
2813-2913'
1154-1254' - Tag
45-95'
and 25' at surface. TD 4906'
50' to 29

I hereby certify that the foregoing is true and correct

SIGNED TL Pilley TITLE Clerk DATE 12/09/85

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 1-14-86

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JAN 17 1986

O.C. J.
HOBBS OFFICE