

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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 SALT WATER DISPOSAL

2. Name of Operator

BABER WELL SERVICING CO.

3. Address and Telephone No.

P.O. BOX 1772, HOBBS, NM 88241 #392-5516

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

660' FNL & 1980' FWL  
Sec 14, T-24S, R-32E

5. Lease Designation and Serial No.

NM-033503

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

JENNINGS FEDERAL

9. API Well No.

#1

10. Field and Pool, or Exploratory Area

*Delaware*

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 Repair packer leak
- ☐ 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.)\*

05/01/91 Tested casing, appeared to have tubing leak or packer leakage.

05/04/91 R.U. P.U., dropped standing valve, PSI tbg at 500# & held O.K.  
Unset packer, reset, tested csg to 500 PSI, no leak off.  
R.D. & release rig, put well back to active status.

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

Signed Mark Clarke Title Engineer

Date 04/02/92

(This space for Federal or State office use)

Approved by \_\_\_\_\_  
Conditions of approval, if any:

Title Engineer

Date 04/02/92