

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

RECEIVED

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> SALT WATER DISPOSAL		5. LEASE DESIGNATION AND SERIAL NO. NM 033503
2. NAME OF OPERATOR BABER WELL SERVICING CO.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 1772, HOBBS, NM 88240		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 660 FNL & 1980 FWL Unit C		8. FARM OR LEASE NAME JENNINGS FEDERAL
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3635 KB		10. FIELD AND POOL, OR WILDCAT DOUBLE X DELAWARE
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14, T-24S, R-32E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) repair hole in tubing	
(Other) <input type="checkbox"/>		(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.) *

1. MIRU PU.
2. Pressure test tubing. Replaced approximately 19 jts. of 2 3/8" tubing.
3. RIH w/ 2 3/8" 8RD J55 plastic coated tubing and a Guiberson uni-pak I plastic coated packer.
4. Pressure test casing @ 300#'s for 30 minutes. Held.
5. Return well to injection.
6. RD and MO.

Subject to
Like Approval
by State

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

SIGNED <u>JMBalun</u>	TITLE <u>President</u>	DATE <u>5-30-90</u>
(This space for Federal or State office use)		
APPROVED BY <u>PETROLEUM ENGINEER</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>6 18 90</u>
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side

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JUN 20 1990

CCD

HOBBY OFFICE