

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
FOIA b 7 - D
CO 88240

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-030180-A</i>
2. NAME OF OPERATOR <i>Laba Energy Inc.</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>508 Parkwood, VT.</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State regulations.) See also space 17 below. At surface <i>Med. TX, 79703</i>	8. FARM OR LEASE NAME <i>FARNSWORTH "A" FED</i>
14. PERMIT NO. <i>1650 FSL x 1663.2 FWL SEC 18</i>	9. WELL NO. <i>10</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>2968 R.D.B</i>	10. FIELD AND POOL, OR WILDCAT <i>SCARBOROUGH VATES-7R's</i>
	11. SEC., T., S., M., OR BLK. AND SURVEY OR AREA <i>18-26-37 NM PM</i>
	12. COUNTY OR PARISH <i>LEA</i>
	13. STATE <i>N.M.</i>

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 checked="" 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) <input type="checkbox"/>	
(Other) <i>Shot of Water Level</i>		(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.) Install BOP
- 2.) Pull rods, pumps, & tbq. Visually inspect equipment for corrosion
- 3.) RIH w/ tbq and cmt. ret. Set ret. @ 3125' & sqz perfs w/ 200 sx Rev out excess. Pull tbq to 3048' & SION
- 250 ← 4.) Spot ± 500 gal acid & POOH w/ tbq.
- 5.) Perf 3029-36 & 3041-48 w/ 1 SPF.
- 6.) RIH w/ tbq & pkr. Set pkr @ 3000' & swab back. Acidize w/ 1000 gal 15% NE HCL and 20 Ball Sealers if necessary.
- 7.) Swab back to evaluate
- 8.) POOH w/ tbq & pkr & RIH w/ tbq, pump & rods & place well back on production.

Purpose for the work above, we feel will increase production.

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

SIGNED *William K. Dean*

TITLE *Field Supervisor*

DATE *Jan 22, 1986*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE *1-31-86*

*See Instructions on Reverse Side

RECEIVED
FEB - 3 1986
C.C.D.
HOBBS OFFICE

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