Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.: NM-0359295

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: N/A

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 XX OTHER

7. UNIT AGREEMENT NAME: N/A

2. NAME OF OPERATOR: BLACKROCK OIL COMPANY

8. FARM OR LEASE NAME: Union Federal

3. ADDRESS OF OPERATOR: 1000 V & J Tower, Midland, Tx 79701

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface: Unit D, 660 FNL & 660 FWL

10. FIELD AND POOL, OR WILDCAT: Jennings Delaware

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 3, T-26-S, R-32-E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3337' G.L.

12. COUNTY OR PARISH: Lea

13. STATE: New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	___	PULL OR ALTER CASING	___	WATER SHUT-OFF	___	REPAIRING WELL	___
FRACTURE TREAT	___	MULTIPLE COMPLETE	___	FRACTURE TREATMENT	___	ALTERING CASING	___
SHOOT OR ACIDIZE	___	ABANDON*	___	SHOOTING OR ACIDIZING	___	ABANDONMENT*	___
REPAIR WELL	___	CHANGE PLANS	___	(Other) Drlg. Opers., Cementing & Testing			
(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.)*

1.) Spudded @ 7:00 a.m. 12-16-71.

2.) Ran 22 jts. of 8-5/8" csg. Set @ 918'and cemented w/600 sx. Class C, 1/4# Flocel, 2% Calcium Chloride. Plug down 12:15 p.m. 12-16-71. Cement circulated. WOC 18 hrs. Pressured up w/1000# for 30 mins. Tested OK.

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

SIGNED O.D.Butler TITLE President DATE Jan. 20, 1972

(This space for Federal or State office use)

APPROVED BY ___ TITLE ___ DATE ___

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

1972

*See Instructions on Reverse Side