

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instructions
reverse side)

DATE

Budget Bureau No. 1004-1-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-030180 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Farnsworth "A" Federal

9. WELL NO.

12

10. FIELD AND POOL OR WILDCAT

Scarborough Yates 7 Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

18-26-37

12. COUNTY OR PARISH

Lea

NM

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 ☐

2. NAME OF OPERATOR

Bruce A. Wilbanks Company

3. ADDRESS OF OPERATOR

P. O. Box 763, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

890' FNL and 890' FWL, Unit D, NW/4 NW/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

2969' RDB

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 COMPLETION

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 perti-
nent to this work.)*

1. Drill plug out from 2700 - 2870'

2. Straddle each existing perf with acid

3. Fracture treat the existing perfs with 40,000 gallons gell KCL and 157,900# sand

Above verbally approved by Adam on October 10, 1990.

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

SIGNED

Shanthi Loney

TITLE

Agent

DATE

10/10/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10/15/90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side