

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse 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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-062749-C	
2. NAME OF OPERATOR Highland Production Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 810 N. Dixie Blvd., Suite 202, Odessa, Texas 79761		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 2310 FSL and 1650 FEL		8. FARM OR LEASE NAME Conoco "D" Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3205.0 GR		10. FIELD AND POOL, OR WILDCAT North Mason (Delaware)	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Section 18, T-26-S, R-32-E, NMPM	
		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:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

REPAIR WELL

(Other) Drill and Completion Info.

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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.)

5/16/90 Spud 4:50 PM
5/17/90 Set 8 5/8" surface casing at 1085' with 825 sacks cement. Circulated to surface.
5/22/90 Set 5 1/2" production casing at 4302' with 1000 sacks cement. Circulated to surface.
5/24/90 Cable tool moved on location. Cable to 4352'. Tapped into gas.
5/31/90 Logged.
6/5/90 Set Tank Batter.
6/6/90 Setting electric lines.
6/7/90 Ran 2 3/8" tubing to 4351' and set pumpjack.
6/9/90 Ran rods and hung on.

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

SIGNED

Marvin L. Smith

TITLE President

DATE June 13, 1990

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side