

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

30-014218

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.C. Fristoe "B" FED NCT-2

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT
Justis Blinebry-Justis Tubb
Drinkard

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

Sec 35 T24S R37E

14. PERMIT NO.

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

3174.6 DF

12. COUNTY OR PARISH

13. STATE

Lea

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

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) Casing Test

(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.) *

Set CIBP @ 5119', Cap with 35' cement, in Blinebry string, test to 500 PSI for 15 min.
Held OK.

Set CIBP @ 5860'. Cap with 35' cement, in Tubb Drinkard string test to 500 PSI 15 min.
Held OK.

Casing integrity tests conducted 10/22/86. Witnessed by BLM representative, Mr. Jack Johnson.

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

SIGNED

TITLE

Dist. Adm. Supervisor

DATE

10/29/86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side