

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

PERMIT IN TRIPPLICATE
(Other instructions
reverse side)

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 pump back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. NAME OF WELL <input checked="" type="checkbox"/> WELL <input type="checkbox"/> OTHER	5. LEASE DESIGNATION AND SERIAL NO. LC-032579(e)
2. NAME OF OPERATOR National Coop. Refinery Assoc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME -
3. ADDRESS OF OPERATOR 415 W. Wall, Suite 2215, Midland, Texas 79701	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 1730' FNL, 330' FWL SW/NW Section 1	8. FARM OR LEASE NAME Westates Federal
14. PERMIT NO. -	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3140' DF	10. FIELD AND POOL, OR WILDCAT Justis Blinbrey
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 1, T-25-S, R-37-E
	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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Casing Leak Survey	

(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.) *

A casing leak survey was made at Westates Federal No. 5 on June 22, 1988 as follows:

1. Pressured up 7" production casing to 500# for 35 minutes.
No leak off.
2. Pressure on 13 3/8" and 9 5/8" casing was 0# throughout test.

The above survey was witnessed by Mr. R. G. Dillow with the Bureau of Land Management, Hobbs, New Mexico.

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

SIGNED Carrie A. Baze TITLE Production Clerk DATE 6-22-88

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

JUL 20 1988

Peter W. Chester
CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side