

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
(Other instructions
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Form approved
Budget Bureau No. 1004-0135
Expires August 31, 1985

457

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"/>		RECEIVED	5. LEASE DESIGNATION AND SERIAL NO
2. NAME OF OPERATOR			LC-029426-B
3. ADDRESS OF OPERATOR		APR 26 '89	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		MA, OFFICE	7. UNIT AGREEMENT NAME
14. PERMIT NO.			8. FARM OR LEASE NAME
15. ELEVATIONS (Show whether DF, RT, GR, etc.)			H. E. West "B"
3889' GR			9. WELL NO.
			21
			10. FIELD AND POOL, OR WILDCAT
			Grayburg Jackson
			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
			Sec. 10-T17S-R31E
			12. COUNTY OR PARISH
			Eddy
			13. STATE
			NM

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

NOTICE OF INTENTION TO:

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"/>		

SUBSEQUENT REPORT OF:

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

4/08/89 Perforated 3576-3773' with 31 shots. Acidized 3576-3773' with 4000 gal. 15% NEFE acid. Swabbed well back.

4/11/89 Frac'd 3576-3773' with 3773' with 25,000 gal. cross-linked gelled 2% KCL + 40,000# 20-40 sand. Swabbed well back.

RECEIVED
APR 19 12 47 PM '89

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

SIGNED Ron Rippon

TITLE Engineer

DATE 4/13/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

ACCEPTED FOR RECORD
DATE _____

APR 21 1989

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO