

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on re-  
verse side)

45F  
MAY KOWELL District  
Modified Form No.  
MUGO-3160-4

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		2. NAME OF OPERATOR Harcorn Oil Company		3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 82855		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 890' FNL & 1980' FEL		5. RECEIVED JAN 19 '90 O. C. D. ARTESIA, OFFICE		6. LEASE DESIGNATION AND SERIAL NO. LC-029426-B		7. IF INDIAN, ALLOTTEE OR TRIBE NAME		8. UNIT AGREEMENT NAME		9. FARM OR LEASE NAME H.E. West "B"		10. WELL NO. 47		11. FIELD AND POOL, OR WILDCAT Grayburg Jackson		12. SEC., T., R., M., OR BLK. AND SUBVY OR AREA Sec. 9-T17S-R31E		13. COUNTY OR PARISH Eddy		14. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3899' GL		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)		18. I hereby certify that the foregoing is true and correct		SIGNED <u>Bernard Gould</u>		TITLE <u>Manager</u>		DATE <u>12/26/89</u>		APPROVED BY _____		TITLE _____		DATE _____		CONDITIONS OF APPROVAL, IF ANY:					

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

12-19-89 Ran bond log. TOC 875'. Perforated 3842' - 3859' w/ 8 JS.

12-20-89 Acidized w/ 1000 gals. 15% HCl. Swabbed well back. Perforated 3734' - 3819' w/ 17 JS.

12-21-89 Acidized perfs. 3734' - 3859' w/ 2000 gals 15% HCl. Swabbed well back.

12-22-89 Acidized perfs. 3734' - 3792' w/ 6000 gals 20% HCl. Swabbed well back.

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

SIGNED Bernard Gould TITLE Manager DATE 12/26/89

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side