

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR MAP  
OF COPIES RETURNED  
(Other instructions on reverse side)

BLM Roswell District  
Modified Form No.  
NM60-3160-4

CISF

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"/>		3. Area Code & Phone No.	
2. NAME OF OPERATOR Harcorn Oil Company		505/677-2360	
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		RECEIVED	
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		JAN 19 '90	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3899' GR	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		ARTESIA OFFICE	
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. COUNTY OR PARISH Eddy	
		19. STATE NM	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<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.)	<input type="checkbox"/>

12/26/89 Perf. 3657-65 (Jackson), 3501-06 (Vacuum), 3570-3613 (Lovington), w/ 15 JS. Acidized perfs. w/ 1500 gals. 15% HCl. Swabbed well back.

12/28/89 Perf. 3265-3444 w/ 1 JSPF. Set CIBP @ 3805'. Acidized perfs. 3265-3506 w/ 4000 gals. 15% HCl. Swabbed well back.

12/30/89 Fraced perfs. 3265-3444 w/ 80,000 gals. 30 # cross link gel, 110,000 # 20-40 sand & 40,000 # 12-20 sand. Flowed and swabbed well back.

1/5/90 Put well on pump. Testing.

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

SIGNED

*Ben D. Gould*

TITLE

Manager

DATE

1/9/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side