

NM 0560353

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 other proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Great Western Drilling Company		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 1659, Midland, TX 79702		8. FARM OR LEASE NAME Mable Hale Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 860' FNL & 1,650' FWL, Sec. 11, T-19-S, R-30-E		9. WELL NO. 2	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Undesignated Bone Springs	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3,395.4' GL, 3,411.60' KBM		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 11-19S-30-E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETIONS <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Logs - DST #1 - Csg job <input checked="" 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.)

3/7/84: Depth 8,700'. Ran logs - Dual Guard Forxo, Comp. Dual Density & Neutron.

3/9-11/84: Depth 8,785'. DST #1, interval 8,764' to 8,785', 2nd. Bone Springs. Pkrs. @ 8,754' & 8,764'. Opened test tool for 30 min. preflow w/strong blow, 13" in bubble bucket, put on 1/4" choke & in 6 min. had 40 psi, opened choke to 3/8" & in 17 min. had 51 psi, gas rate 190 MCF/day. Pressure decreased to 49 psi @ end of preflow period. Closed well in for 1 hour ISIP. Gas to surface in 15 min. after closing tool for ISIPw/6' to 7' flare. Opened tool for 1 hour final flow w/very weak blow. Closed choke and pressure increased to 19 psi @ end of flow period. Closed tool for 2 hour FSIP. Pulled pkrs. free - pulled to fluid & reversed out. Recovered 2,025' fluid, 730' gas cut oil, 600' water cut oil and 875' water & drilling fluid w/trace of oil.

Pressures		
T-Chart 8,743'		B-Chart 8,781'
IHH	4,598	4,580
30" IF	160-464	190-397
60" ISIP	3,189	3,107
60" FF	449-861	469-918
120" FSIP	3,061	3,096
FHH	4,561	4,580
BHT	131° F.	

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

SIGNED M. H. Meyer TITLE Ass't. to Gen. Supt. DATE 3-13-84

(This space for Federal or State office use)

ACCEPTED FOR RECORD

APPROVED BY G. W. G. TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL IF ANY MAY 17 1984

## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN ☐ DUPLICATE\*  
(Other instr. is on re-  
verse side)2.  
Form approved.  
Budget Bureau No. 42-R1424.

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1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO.
2. NAME OF OPERATOR Great Western Drilling Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR		7. UNIT ASSIGNMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT
		11. SEC., T., R., M., OR B&E. AND SURVEY OR AREA
		12. COUNTY OR PARISH
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FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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Ran Logs: Dual Guard Forxo & Comp. Dual Density - Neutron. Logged T.D. @ 8,788'. Logged from 8,787' to 7,800'.

Ran 216 jts 4½" OD, 10.5 & 11.6#/ft., K-55, ST&C & LT&C, casing 8,769'. Set 8,769' of 4½" OD, csg @ 8,785.53' KBM. Cemented w/1,000 gals. mud flush, 700 sxs. Halliburton Lite C cement + ½# flocele and 5# salt per sack, followed w/500 sxs. 50-50 Poz, Class H cement + 6# salt & .4% CFR, 2 per sack. Plug down @ 4:00 p.m., bumped plug & float held ok. Mr. A. R. Coke w/BLM notified but did not witness. Released rig @ 4:00 p.m., 3-11-84. Ran temperature survey @ 8:00 p.m. & found T.D. inside the 4½" csg @ 8,749' & top of cement outside @ 2,020' from surface.

Now waiting on rig to move.

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

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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