

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
ND60-3160-4

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.)

RECEIVED

AUG 15 1991

5. LEASE DESIGNATION AND SERIAL NO.
NM-15873

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. LEASE AGREEMENT NAME

8. FARM OR LEASE NAME
Doris Federal

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Scanlon Delaware

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA
Sec. 26, T20S, R29E

12. COUNTY OR PARISH
Eddy

13. STATE
NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Presidio Exploration, Inc.

3. ADDRESS OF OPERATOR
3131 Turtle Creek Blvd., Suite 400 Dallas, Tx. 75219

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980 FSL & 660 FEL, Unit Letter 1, NE/4SE/4

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)
3278 Ground

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 PLANE	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

SUBSEQUENT REPORT OF:

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 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.)

7. 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.)*

5/10/90 - Added Delaware perforations from 5440'-5450' to existing Delaware perforation of 5454'-5472'.

5/11/90 - Treat Delaware perforations 5440'-5472' with 2500 gallons 7½% NeFe acid. Put well back on pump.

I hereby certify that the foregoing is true and correct

SIGNED Kim M. S. Sheck TITLE DISTRICT ENGINEER DATE 8/12/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side