

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

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

5. LEASE DESIGNATION AND SERIAL NO.

NMNM15003

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

GOVERNMENT AB

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT BONE

OLD MILLMAN RANCH SPRINGS

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

SEC 10 T20S R28E

14. PERMIT NO.

300152796400S01

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3268

12. COUNTY OR PARISH

EDDY

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other)

SET CASING & CEMENT

☒


(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 five 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.)*

DRILL 11" HOLE TO TD @ 3005'. CHC, RIH W/ 8-5/8" 24-32# K-55 CASING & SET @ 3005'. M&P 1200sx CL C W/ 65/35 POZ + 6% GEL + 5% SALT + 1/4#/sx CELLO-SEAL TAILED W/ 200sx CL C CMT W/ 2% CACL2, DISPLACE W/ FW, CIRC 450sx CMT TO PIT, BLM NOTIFIED BUT DID NOT WITNESS. ND BOP, SET SLIPS & CUT CSG, NUWH, WOC-12hrs. RIH & DO PLUG CMT & SHOE, DRILL AHEAD.

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

SIGNED



TITLE

REGULATORY ANALYST

DATE

5/26/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

MAY 31 1994

**GOVERNMENT
OFFICE**