

NMOC - Artesia

C/SF

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse 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.)		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	
12. COUNTY OR PARISH EDDY		13. STATE NM	
14. PERMIT NO. 300152796400S01		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3268	

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

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 type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other) SET CASING & CEMENT	<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 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.

J. Lora
22 1001

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

SIGNED *[Signature]* 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