

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-33035
2. NAME OF OPERATOR Speerex Limited Partnership	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR P.O.Box 255, Farmington, N.M. 87499	7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 990 ft. fnl, 1650 ft. fwl	8. FARM OR LEASE NAME Campbell
14. PERMIT NO. 30-045-24599	9. WELL NO. 1
15. ELEVATIONS (Show where well is located on map) 5957' Gr.	10. FIELD AND POOL, OR WILDCAT WAW Fruitlnd-Pict.Clf.
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S9, T27N-R13W NMPM
	12. COUNTY OR PARISH San Juan
	13. STATE N.M.

RECEIVED

DEC 05 1985

BUREAU OF LAND MANAGEMENT
FARMINGTON RESOURCE AREA

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

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" 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.)

18. 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.)*

11/2/85-Rigged up swab unit, pulled 42 jts. 1 1/4" tbg. Acidized well with 250 gal. 15% HCl acid containing 0.5 gal. A250 inhibitor & 0.5 gal. F78 surfactant. Pressure 1300 psi at 3 bpm. Final pressure 800 psi at end of flush. ISIP 400 psi to vacuum in 5 min. Swbd. back 16.2 bbls. fluid with indicated gas blow. Picked up tbg. & ran back in hole. Shut well in for pressure build-up & moved off rig.
11/4/85-Well logged off. Rigged up swab unit & swbd. 1 1/4" tbg. Recovered 400' fluid & pressure started bldg. up. Shut well in & moved unit off.
11/23/85-Rigged up swab unit. Pulled & laid down 42 jts. 1 1/4" tbg. MOL.
11/23/85-Rigged up NOWSCO service. Foam-fraced well with 20,000 lbs. 10/40 sand with 16,940 gal. (403 bbls.) 70% quality stable foam consisting of 99,000 scf nitrogen & 121 bbls 2% KCl water with 25 gal. NFA-344 foamer. Avg. rate and pressure 15 bpm at 2000 psi. ISIP 1260 psi; 870 psi in 5 min.; 740 psi in 15 min. Flowed well back thro' 0.25" choke.
11/28/85-Well dead. Will leave shut in for pressure build-up.
12/1/85-Zero pressure on wellhead. Will rig up unit & clean out when rig available.

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

SIGNED Wm R. Speer TITLE Agent

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

RECEIVED
FEB 06 1986
OIL CON. DIV.
DATE 12/3/85
DIST. 3

ACCEPTED FOR RECORD

FEB 07 1986

*See Instructions on Reverse Side

NMOCC

FARMINGTON RESOURCE AREA