

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	N. M. OIL CONS. COMMISSION	7. UNIT AGREEMENT NAME	MCA Unit
2. NAME OF OPERATOR	P. O. BOX 1980	8. FARM OR LEASE NAME	MCA Unit Btry 1
3. ADDRESS OF OPERATOR	HOBBS, NEW MEXICO 88240	9. WELL NO.	57
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		10. FIELD AND POOL, OR WILDCAT	Malj G/SA Repress
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Sec 19-17S-32E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
		Lea	NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☒

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(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.)*

MIRU on 4/26/85. CO & jet wash from 3578'-3960'. Set RBP @ 2020'. Ran bradenhead tracer on csg/csg annulus, traced to 800'. Load 5 1/2" csg to 500' & pmpd 100 sxs class "H" cmt w/3% CaCl₂ down surface. Displace thru wellhead. Rel RBP. Set pkr @ 3500'. Pmpd 1500 gals 15% HCL acid & flush w/966 gals 2% KCL. Rel pkr. Ran production equipment. Place on prod. Verbal approval to cmt. obtained on 5/3/85 from Jerry Queen.

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

SIGNED

Administrative Supervisor

TITLE

DATE

5/13/85

(This space for Federal or State office use)

APPROVED BY **ACCEPTED FOR RECORD**
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

MAY 16 1985

*See Instructions on Reverse Side

RECEIVED

MAY 20 1985

OCD.
HOSBS 27-3

100-100000-100000

100-100000-100000

100-100000-100000