

M. N. M. LAND COMMISSION  
P. O. BOX 1900  
HOES, NEW MEXICO 88740

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-4609

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "E"

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Querecho Plains-Lower Bone Springs

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

27-T18S-R32E

14. PERMIT NO.

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

3734.9' GL

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

16. 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)             |                          |                      |                          |

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)               |                                     |                 |                          |

(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.)\*

6/29/85 - Wellex perforated Bone Springs 8501-8530' - 1 SPF for 30 holes. Halliburton acidized with 5000 gals 15% NE-FE acid. Ran 60 RCNB. Average rate 4 BPM at 2400#. Increased to 4.9 BPM at 2600-2900#. Did not ball out. ISDP 1900#, in 5 mins 1400#, in 10 mins 1000#, in 15 mins 700#.

7/02/85 - Halliburton fracture treated Bone Springs 8501-30' with 42,000 gallons Pure Gel (30#) with 29,400# 20/40 sand + 67,000# 10/20 sand. ISIP 2310#, in 5 mins 2230#, in 10 mins 2180#, in 15 mins 2120#.

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

SIGNED

*Raylon Thompson*

TITLE

Exploration Secretary

DATE

7/02/85

(This space for Federal or State office use)

APPROVED BY

ACCEPTED FOR RECORD

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*Mike*

JUL 8 1985

\*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO