

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

Subject: Form 1001-5, 1001-5A  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

-

7. UNIT AGREEMENT NAME

-

8. FARM OR LEASE NAME

Federal 11-20-34

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Lea Penn

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

Section 11, T-20-S, R-34-E

14. PERMIT NO.

-

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

3636.5' GL

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 COMPLETION ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Casing Collapse/7" Casing/BOP Test X

(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.)

9 5/8" Casing Collapse:

9 5/8" Casing collapsed @ 2615'-2653' on 4-26-88.  
Milled out & repaired w/Concentric String of 7"  
20" K-55 ST&C Casing.

7" Casing Setting:

7" 20# K-55 ST&C Casing set @ 5171' (121 joints);  
35 Centralizers.

Cement:

750 sx Class C cement ; circulated to surface with  
57 sx. Plugged down @ 10:30 AM 5-7-88.

Pressure Test BOP Stack:

Pressure tested BOP, Manifold, Choke Liner, and  
Upper Kelly Cock to 3000# - 15 minutes each.

Pressure tested Annular BOP to 1800# - 15 minutes.  
Held OK.

BLM was notified.

CONFIDENTIAL REPORT

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

SIGNED Carrie A. Bays

TITLE Production Clerk

DATE 5-9-88

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

ACCEPTED FOR RECORD  
SJS

DATE \_\_\_\_\_

\*See Instructions on Reverse Side