

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE
(Other instructions on re-
verse 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 in 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"/> TA'd	5. LEASE DESIGNATION AND SERIAL NO. LC-031621-A
2. NAME OF OPERATOR AMERADA HESS CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR DRAWER D, MONUMENT, NEW MEXICO 88265	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FSL & 2279' FWL	8. FARM OR LEASE NAME BRITT "A"
14. PERMIT NO. 30-025-05970	9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3573' DF	10. FIELD AND POOL, OR WILDCAT EUNICE MONUMENT G/SA
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 6, T-20S, R-37E
	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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) UNSUCCESSFUL CASING TEST <input checked="" 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.) *

5/10 THRU 5/16/91

MIRU TYLER WELL SVC. PULLING UNIT & INSTALLED BOP. TIH W/4-11/16" OVERSHOT TO 3207', UNABLE TO GET ANY DEEPER. RECOVERED SCALE & PARAFFIN. TIH W/4-3/4" BIT & DRLD. FR. 3207-3246'. KNOX SVC. PUMPED 500 GALS. 15% NEFE HCL ACID DOWN TBG. & LET SET 30 MIN. FLUSHED W/18 BBLs. FRESH WATER. TOH W/BIT. TIH W/IMPRESSION BLOCK, TAGGED FISH AT 3246' & TOH. TIH W/4-11/16" OVERSHOT & LATCHED ONTO FISH & TOH RECOVERING TAC. TIH W/BIT & REAMED OUT CSG. FR. 3100' - 3520' & TOH. TIH W/OVERSHOT & RECOVERED REMAINDER OF FISH: 20' TBG., PUMP BBL., PERF. SUB, S.N. & 31' MUD ANCHOR. BLISS PET. SVC. RAN CIBP SET AT 3350' & ATTEMPTED TO TEST CSG. W/NO RESULTS. TIH W/ARROW 32-A PKR. & SET AT 3340'. PRESS CIBP TO 2000#. HELD OK. RESET PKR. AT VARIOUS INTERVALS TESTING CSG. PRESS. TEST INDICATES CSG. LEAKS FR. 2930' - 3340'. TOH LAYING DOWN TBG. & PKR. (NOTE: RECOVERED 30 BBLs. OIL FR. WELL.) REMOVED BOP & INSTALLED WELL HEAD. RDPU & CLEAN LOCATION. CLOSED WELL IN FOR EVALUATION.

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

SIGNED R. L. White TITLE SUPV. ADM. SVC. DATE 5/20/91

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side