

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
N. M. STATE TRIPPLICATE  
P. O. BOX 1980  
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-0631

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Federal 11-20-34

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Lea Penn

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

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

14. PERMIT NO.

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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

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☐  
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PULL OR ALTER CASING

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☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐  
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☐  
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REPAIRING WELL

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☐  
☐  
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT\*

(Other)

Pressure Test on BOP Stack

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.) \*

CONFIDENTIAL REPORT

Pressure Test on BOP Stack:

Pressure tested BOP, Manifold, Choke Lines, Lower & Upper Kelly Cock to 3000# - 15 minutes each.

Pressure tested Annular BOP to 1500# for 15 minutes. Held OK.

BLM notified 4-19-88

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

SIGNED Carrie A. Bage

TITLE Production Clerk

DATE 4-22-88

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

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