

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI-
(Other instruction on re-
verse side)

Form approved:
Budget Bureau No. 1001-1
Expires August 31, 1985

LEASE DESIGNATION AND SERIAL

NM - 12413-A

IF INDIAN, ALLOTTEE OR TRIBE NAME

UNIT AGREEMENT NAME

FARM OR LEASE NAME

McKay Federal

WELL NO.

3

FIELD AND POOL OR WILDCAT
Undersig
West Lusk Delaware

SEC., T., R., M., OR B.L.R. AND
SURVEY OR AREA

COUNTY OR PARISH STATE

Lea

NM

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 ☒ GAS ☐
WELL ☒ WELL ☐ OTHER

2. NAME OF OPERATOR

Pacific Enterprises Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 3083, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below)
At surface

330' FSL and 1980' FEL of Section 10, T19S, R32E

14. PERMIT NO.

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

3647.2' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLUG

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Spud Well

XX

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (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 perti-
nent to this work.)*

Set surface casing 11/15/89

9-5/8" J-55 36# at 879'

Cemented with 450 sx: Lead - 200 sx Class C with 4% gel and 3% CaCl
Tail - 250 sx Class C with 2% CaCl

Circulated 120 sx to surface

WOC 19.5 hrs.

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

SIGNED

C. Robert Winkler

TITLE

Operations Engineer

DATE

11/16/89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

NOV 16 3 51 PM '89

ACK