

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

5. LEASE DESIGNATION AND SERIAL NO.

LC-060825A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Myers Langlie Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

254

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix 7-Rivers Queen

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

Sec. 29, T23S, R37E

14. PERMIT NO.

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

3313' GR

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Completion

(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.)*

TOTAL DEPTH 3750'

8 5/8", 24#, J-55, ST&C set at 1066'

5 1/2", 15.5#, J-55, LT&C set at 3750'

1. Ran DLL/MSFL/GR/EPT/NGT from 2600' - 3750'.
2. Perforated with 1 sh/int at 3356, 60, 3513, 20, 43, 51, 55, 59, 66, 86, 95, 3602, 08, 14, 20, 28, 33, 37, 40, 44, 55, 64, 68, 73, 78, 88, 91, 97, 3706, 20, and 27, (31 holes). Acidized with 5000 gallons 15% NEFE.
3. Fractured 3356' - 3727' with 30,000 gallons 40# X-linked 2% KCL fluid which carried 63,000# 10/20 and 9000# 8/16 sand.
4. Set production equipment, tested and placed on production.

ACCEPTED FOR RECORD

[Signature]
MAY 5 1986

CARLSBAD, NEW MEXICO

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

SIGNED

B. D. Holdridge

TITLE Dist. Adm. Supvr.

DATE 04-21-86

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side