

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

Oil Cons. N.M. Div-Dist 2  
SUBMIT IN TRIPPLICATE Budget Bureau No. 1004-0135  
(Other Instructions on File) Expires August 31, 1985

1301 W. Grand Avenue  
Artesia, NM 88210  
LEAST DESIGNATION AND SERIAL NO.  
LC 025418-B NM 98120

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.)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Skelly Unit

8. WELL NO.  
104

9. API Well No.  
30-015-05146

10. FIELD AND POOL, OR WILDCAT  
Grayburg Jackson Seven Rivers QN-GB-SA

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 14-T17S-R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3904' DF

12. COUNTY OR PARISH  
Eddy County

13. STATE  
NM

16. Check Appropriate Box to indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

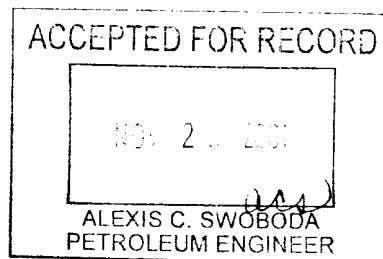
TEST WATER SHUT OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☐  
(Other) \_\_\_\_\_

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☒ ABANDONMENT \* ☐  
(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.)

10/11/01 RU Hughes Well Service. Acidized Grayburg 3355'-3620' w/1500 gals. 15% NE-FE acid w/400# rock salt. ATP 3150# @ 3.0 bpm. ISIP 2250#. Flushed w/30 bbls.  
produced water. Place back on injection 150 BWPD @ 1700#.



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

SIGNED Mary Jo Turner TITLE Production Tech II DATE November 11, 2001  
Mary Jo Turner

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instruction On Reverse Side

30-015-05146

Card 22922

Property - 17540

Room 28509

5-8-78

Danna Ray Log

600-2850

2816834 - O

2816843 - R

2816856 - W

WW WFX-707 3/11/97

DHC R-7680

Appx 9-28-84

