	1	NM OIL CONS COMMISSION
form 3160-5 RECEIVED UNIT		- -
INITION OF THE CENTER OF THE PROPERTY OF THE P	TED STATES	Artesia, NM 88210
Form 3160-5 7.5 UNII		Budget Bureau No. 1004-0135
DENKIMEN	T OF THE INTERIOR	Expires: March 31, 1993
E 10 50 BUREAU OF I	AND MANAGEMENT	5. Lease Designation and Serial No.
AUG SUNDRY NOTICES AND REPORTS ON WELLS		NM 0459862-A
		6. If Indian, Allottee or Tribe Name
	III or to deepen or reentry to a different reservoir. R PERMIT—" for such proposals	
AREASS AFFEIGATION FOR		
	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
I. Type of Well ☐ Oil ☐ Gas ☐	Min 20 to a	
Other	AUG 29.'94	8. Well Name and No.
2. Name of Operator		Spitefire "19" #1
IP Petroleum Company, Inc.	O. C. D.	9. API Well No.
3. Address and Telephone No.	ARTESIA, OFFICE	30015252900S1
3100 North "A" St, Bldg B, Ste 125, Midland, TX 79705		10. Field and Pool, or Exploratory Area
4. Location of Well (Footage, Sec., T., R., M., or Survey Description)		Phantom Draw (Wolfcamp)
		11. County or Parish, State
1970' FNL & 670' FEL, Section	19, T-26-S, R-31-E, Unit H	
		Eddy County, NM
2. CHECK APPROPRIATE BOX(5	S) TO INDICATE NATURE OF NOTICE BEDO	ORT OR OTHER DATA
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA		THI, ON OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	1
Notice of Intent	Abandonment	Change of Plans
Notice of Intent		New Construction
X Subsequent Report	Recompletion	
Subsequent Report	Plugging Back	Non-Routine Fracturing
	Casing Repair	Water Shut-Off
Final Abandonment Notice	Altering Casing	Conversion to Injection
	Other	Dispose Water
		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	pertinent details, and give pertinent dates, including estimated date of startir	ag any proposed work. If well is directionally drilled,
	al depths for all markers and zones pertinent to this work.)*	
//16/94 Backed off 4-1/2" c	sg @6705', pulled out & LD 4-1/2".	
7/00/04 - 7 - 7		
7/22/94 Perf Bone Springs @	7909' to 8028' w/29 holes	
7/25/94 Acidized Bone Spring	gs w/2200 gals 7-1/2% HCL in three sta	ages w/rock salt.
7/27/0/ 01	1 6	
7/27/94 Swab test, trace of:	ι α gas, no water.	
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	J.x	all
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4. I hereby certify that the foregoing is true and correct		
Signed Kin Sterral	Title Production Tech	Date8/4/94
(This space for Federal or State office use)		
	Tial.	
Approved by Conditions of approval, if any:	Title	Date
•• •		
itle 18 U.S.C. Section 1001, makes it a crime for any person	knowingly and willfully to make to any department or agency of the United	d States any false, fictitious or fraudulent statements
r representations as to any matter within its jurisdiction.		