

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
Other instruction on reverse side)

LEASE DESIGNATION AND SERIAL NO.
10-031000
IF INDIAN, ALLOTTEE OR TRIBE NAME

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.
See APPLICATION FOR PERMIT for such proposals.)

1. OIL WELL ☐ GAS WELL ☐ OTHER ☐	2. NAME OF OPERATOR Parker	3. ADDRESS OF OPERATOR P.O. Box 466, P.O. Box 111, EE240	7. UNIT AGREEMENT NAME Semi McKee
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below) At surface 1900' FSL & 1900' FNL	5. ELEVATIONS (Show whether DF, RT, GR, etc.) 3000' GR	6. WELL NO. 7712	8. FARM OR LEASE NAME Warren McKee
9. PERMIT NO. 2000000000	10. FIELD AND POOL, OR WILDCAT Warren McKee	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20 T. 20S. R. 20E	12. COUNTY OR PARISH La
13. STATE LA	14. 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) Clean-out, Stimulate, etc.

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.)

1. MURU. NU PCP. Clean-out to 9160'. Pickle workstring and spot 750 gals. of 15% HCl-Na-Fe acid followed by completion fluid. Pump to 9170' and spot 5 bbls. of 15% HCl-Na-Fe, displace w/ completion fluid.
2. Perf. 2 spots 9070-9090, 9110-9130, 9142-9144, 9158-9178 (hole holes 128)
3. Acidizing / CCLZ treat in 4 stages: 25 bbls 15% HCl-Na-Fe acid, 3 bbls 10ppg brine, 50 bbls of .3% Baker - 5 milio w/comp. fluid, 25 bbls of 15% HCl-Na-Fe acid, 3 bbls 10ppg brine, 5 bbls of 10ppg 1/2 lb/gal 100 mesh acid. SI for 1 hour.
4. Set inf. pk. @ 8888' & 8900' pk. fluid. Approx. 2 weeks after stimulate run inf. while log & shut-in test.

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

SIGNED W. B. Baker W. B. Baker

TITLE Administrative Supv.

DATE Sept 16, 1989

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 9-25-89

*See Instructions on Reverse Side

RECEIVED

SEP 27 1989

OCD
HOBBS OFFICE