UNITED STATES

5.	LEASE	1.11-	406259
		-041154	

DEPARTMENT OF THE INTERIOR	30<u>-0405</u>48	
GEOLOGICAL SURVEY	6. 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	7. UNIT AGREEMENT NAME	
reservoir. Use Form 9-331-C for such proposals.)	8. FARM OR LEASE NAME	
1. oil	Buckskin Federal 9. WELL NO.	
2. NAME OF OPERATOR Alaba Treaty One Production Company	2	
Alpha Twenty-One Production Company 3. ADDRESS OF OPERATOR	10. FIELD OR WILDCAT NAME Dollarhide Queen	
P.O. Box 1206, Jal, NM 88252	11. SEC., T., R., M., OR BLK. AND SURVEY OR	
4. LOCATION OF WELL (REPORT LOCATION CLEARLY. See space 17 below.)	AREA Sec. 18, T-24-5, R-38-E	
AT SURFACE: 554' FSL & 1874' FWL, Sec. 18,	12. COUNTY OR PARISH 13. STATE	
AT TOP PROD. INTERVAL: $T-24-S$, $R-38-E$	lea New Mexico	
16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE,	14. API NO.	
REPORT, OR OTHER DATA	15. ELEVATIONS (SHOW DF, KDB, AND WD) 31.74 GL	
REQUEST FOR APPROVAL TO: SUBSEQUENT REPORT OF:	3174 61.	
TEST WATER SHUT-OFF		
FRACTURE TREAT		
REPAIR WELL	(NOTE: Report results of multiple completion or zone	
PULL OR ALTER CASING MANUTINE COMPLETE TO THE PURPLE COMPLETE TO THE PURPL	change on Form 0-330)	
MULTIPLE COMPLETE		
ABANDON*		
(other) <u>Conversion to Salt Water Disposal</u>	•	
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state including estimated date of starting any proposed work. If well is demeasured and true vertical depths for all markers and zones pertinent	irectionally drilled, give subsurface locations and	
7-3-84 Rigged pulling unit up, pulled anchor, pulled tubing. Ran B. lined tubing in hole. Took B. with 20,000 lbs tension. Fla	aker AD-1 packer and plastic- OP off and set packer at 3642'	
water (310 gals). Pumped cap acid. Pumped acid at ave. ra to bottom perfs and shut down	(5200 gals). Loaded tubing with acity of tubing before running te of 3 BPM @ 2400 psi. Flushed. ISIP - 900 psi; 5 min - 350 psi; 0 psi. Released tubing and ran	
Subsurface Safety Valve: Manu. and Type	Set @ Ft.	
18. I hereby certify that the foregoing is true and correct	ources August 22 1984	
R.W. Lansford	ources	
(This space for Federal or State of		
APPROVED BY CONDITIONS OF APPROVAL IF ANY	DATE	
FER 780		
*See Instructions on Reverse	Side	
·		

RESEVED

FEB 11 1985

HOME SPACE