

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE

Form approved.
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

LC-069280-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lisa "A" Federal

9. WELL NO.

1-Y

10. FIELD AND POOL, OR WILDCAT

Sulimar/San Andres

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

Sec. 13-T15S-R29E

12. COUNTY OR PARISH

Chaves

13. STATE

NM

14. PERMIT NO.

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

3926 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

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☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Casing Test

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

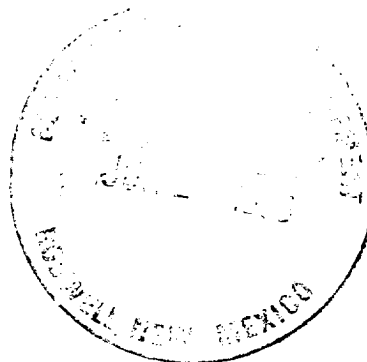
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(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)*

In reference to the letter from April 26 and May 14, 1985, the well test is submitted for your approval.

Production: 1 BOPD, 5 BWPD
Casing Test: 500 psi for 30 minutes
Date of Test: November 20, 1984



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

SIGNED

Paul Rappdale

TITLE

Operations Manager

DATE

5/23/85

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
PETER W. CHESTER

JUL 26 1985

BUREAU OF LAND MANAGEMENT
ROSWELL RESOURCE AREA

*See Instructions on Reverse Side

ALLBURTON SERVICES JOB LOG

WELL NO. 1-7 LEASE LISA A TICKET NO. 15670
 CUSTOMER McClallan O.I. DATE 11-20-84

JOB TYPE Calculate Sand

TIME	RATE (PPH)	VOLUME (BBLS)	THICKNESS (IN)	DESCRIPTION OF OPERATION AND MATERIALS
0935	1	32	100	LONG HOLE
1115	3	60	300	WELL SAND
1330				TRIP TUBING
1500	.5	15	500	TRIP TUBING
				JOB COMPLETE
				1 PER JOB
				AVE L+ - 3 BPM
				AVE L+ - 300

