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## State of New Mexico Energy, Minerals and Natural Resources Department

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District Office

Revised 1-1-89 DISTRICT OIL CONSERVATION DIVISION WELL API NO. P.O. Box 1980, Hobbs, NM 88240 P.O. Box 2088 DISTRICT II P.O. Drawer DD, Artesia, NM 88210 Santa Fe, New Mexico 87504-2088 5. Indicate Type of Lease FEE [ STATELY DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. L -949 SUNDRY NOTICES AND REPORTS ON WELLS ( DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN **GE EALY EAC**K TO A 7. Lease Name or Unit Agreement Name DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: AUG 07 '89 STATE "ET" WELL WELL X OTHER 2. Name of Operator 8. Well No. O. C. D. FORAN OIL CO. DESCRIPTION OFFICE 3. Address of Operator 9. Pool name or Wildcat 79101 801 S. Fillmore, Suite 460, Amarillo, Texas Diamond-Mound Atoka MOKA 4. Well Location Unit Letter \_C : \_\_990 Feet From The \_\_North \_\_ Line and 1650 West Feet From The Line Range 27 E Chaves Township 15 S **NMPM** County 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3591' GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK ALTERING CASING **TEMPORARILY ABANDON CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMENT **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB Plug back to Atoka From Morrow OTHER: OTHER:\_\_\_ 12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103. Rig up pulling unit & pull tubing & packer. Set type HM CIBP

@8815' above old Morrow perforations. Cap CIBP with 35' cement. Go in hole & set Guiberson UM-VI packer with on-off tool @8622'. Perforate through tubing from 8712-Acidize 8712-18 with 1600 gals. 7½% MS Acid & 1000 SCF/bbl. 8718 with 13 shots. Fracture with 18,000 gals. containing 40% CO2 & 17,000# 20/40 Interprop. Swab and Flow test well for evaluation.

Turn well into	pipeline for production.		
	2		Post IV-2 8-25-89 P+A nior
I hereby certify that the information above is true and complete to the best of my knowledge and belief.			
SIGNATURE	u / sq	_ mueAgent	DATE
TYPE OR PRINT NAME GENE	LEE		TELEPHONE NO. 622-7355
(This space for State Use)	ORIGINAL SIGNED BY MIKE WILLIAMS		AUG 2 1 1989
AFTROVED BY	SUPERVISOR, DISTRICT IN	- 1m2	DATE