

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM-8436A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Diamond Mound ~~Field~~ Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated Atoka

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

1-16S-27E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

General Atlantic Resources, Inc.

3. ADDRESS OF OPERATOR

410 17th Street, Ste. 1400, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

1980' FSL & 1980' FEL

FEB - 6 1991

O. C. D.

ARDESA, OFFICE

14. PERMIT NO.

NSP-1090

15. ELEVATIONS (Show whether DF, RT, OR, ARDESA, OFFICE)

3592.5 GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

1/14/91 RU Halliburton. Stimulated well with 10 tons neat CO₂, followed by three stages of 400 gals methanol, 400 gal 7-½% NEHCl and 2 stages of 50 ball-sealers, flushed with CO₂. Flowed well back on full open 2" line.

1/15/91 Well flowing back at 25-50# FTP, later died.

1/16/91 Swabbed well dry, gas flow TSTM. Well is shut in.

RECEIVED

FEB 1 11 27 AM '91
CARLSBAD SOURCE
AREA HEADQUARTERS

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

SIGNED

David Putnam

TITLE

Operations Engineer

DATE

1/29/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS