

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

General Atlantic Resources, Inc.

3. Address and Telephone No.

410 17th Street, Suite 1400, Denver, CO 80202 (303) 573-5100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL, 660' FEL

Section 10, T16S, R27E

5. Lease Designation and Serial No.

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SRM 1404

8. Well Name and No.

Cook Federal Com #1

9. API Well No.

30-015-22990

10. Field and Pool, or Exploratory Area

Diamond Mound, Morrow

11. County or Parish, State

Eddy County, New Mexico

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Acid Treatment

- ☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

7/24/91 - Used 32 bbls 2% KCL wtr, treated Morrow Zone 8570'-8580' w/15,000 scf/bbl N2 @ 2500 scf/min; then used 1000 gal MOD-101 acid w/2 gal Penn-88, 2 gal HC-2, 2 gal CLA-STA XP, 2 gal HAI-85 commingled w/1000 csf/bbl N2. Displaced acid 2/1400 gal 2% KCL wtr + .2% Clay Fix II and 1000 scf/bbl N2.

\*\*Daily Workover Report attached.

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

Signed

April J.M. Lahnum

Title Production Technician

Date August 15, 1991

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: