

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO

NM 15664

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal EF

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Undesignated

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

Unit L, Sec. 31-T17S-R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

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

API #30-015-23210

3646' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Squeeze, Perforate, Treat

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

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.)

8-2-85. RIH and set retainer at 7742'. Squeezed perforations 7790-8053' w/100 sx to 2500 psi w/66 sacks in perforations. POH. RIH w/retainer and set at 6261'. Squeezed perforations 6306-6495' w/150 sacks to 3000 psi w/115 sacks in perforations.

8-5-86. Drill out retainer at 6261'. Clean out to 7742'.

8-6-86. WIH and perforated 7702-08' and 7581-86' w/13 .42" holes. Acidized 7702-08' w/1000 gals 15% NEFE acid and 4 ball sealers. Acidized perfs 7581-86' w/1000 gals 15% NEFE acid and 4 ball sealers.

8-8-86. WIH and perforated 6907-15' and 6932-38' w/16 .42" holes. Acidized perfs w/1500 gals 15% NEFE acid and 20 ball sealers.

8-12-86. Swabbed well dry.

ACCEPTED FOR RECORD

AUG 19 1986

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE Production Supervisor

DATE 8-13-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side