

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other industry use on reverse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM 54423

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Ronadero Fed.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

N. Squarelake G/B S/A

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

S-4, T-16S, R-31E

12. COUNTY OR PARISH

Eddy

NM

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Metex Pipe & Supply

3. ADDRESS OF OPERATOR

2407 Sierra Vista Artesia, N. M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)

See also space 17 below.)

At surface 2970' FSL & 1980' FWL

14. PERMIT NO.

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

4151' GL

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)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other)

(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.)

Plan to set Ret. B/P at 2950 and perforate with one shot per foot 2827' to 2836', (Queen Zone). Will then acidize W/1000 gal. 15% NE FE HCL and frac. W/30,000 gal. gelled water and 50,000 lbs 16-30 sand at 20 BPM. Will produce from perforations and establish production. Plans are to co-mingle Queen production with present Grayburg production after state approval.

RECEIVED
JUN 26 11 02 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

18. I hereby certify that the foregoing is a correct

SIGNED

TITLE

Owner

DATE 6-24-87

(This space for signature of State or Federal Official)

Orig. Sgd. Linda C. Randall

APPROVED BY

Acting Area Manager

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

7-1-87

*See Instructions on Reverse Side