

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. *2151*

LC-060529

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Beeson "F" Fed.

9. WELL NO.

12

10. FIELD AND POOL, OR WILDCAT

Loco Hills O-G-SA

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

Sec. 31, T-17-S, R-30-E

14. PERMIT NO.

30-015-04419

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

3566'

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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) Reactivate

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.)

- 7/14/93 MI RU DDU ND BOP. GIH with 2-3/8" tbg. Taged at 2816'. COOH. GIH and cleaned out. Fill to 2823' COOH. GIH w/pkr and set at 2613'. RU swab.
- 7/16/93 Acidized with 500 gals 15% NEFE.
- 7/19/93 Swab.
- 7/20/93 Recovered 3 BOPD, 17 BWPD in 24 hrs.

J. Sanders
FEB 15 1994

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

SIGNED

L. M. Sanders

TITLE Supv., Reg. Affairs

DATE 8/11/93

915/368-1488

(This space for Federal or State office use)

APPROVED BY *L. M. Sanders*

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side