

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate*
(Other instructions on reverse side)

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

CLSF

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT--"

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED BY MAR 27 1987 O. C. D. TEXAS 79701E	5. LEASE DESIGNATION AND SERIAL NO. NM-45223
2. NAME OF OPERATOR Boyd & McWilliams Corporation			6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 704 Western United Life Bldg., Midland, Texas			7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 710' FNL & 1503' FWL of Section 6			8. FARM OR LEASE NAME Empire Federal
14. PERMIT NO. 30-015-25725	15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3718' Gr.	9. WELL NO. 2	10. FIELD AND POOL, OR WILDCAT Grbg. Jackson (SR, Qn, Grbg, SA)
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLE. AND SURVY OR AREA Sec. 6, T17S, R29E	12. COUNTY OR PARISH Eddy
		13. STATE N.M.	

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

3/16/87 - Rigged up pulling unit. Nippled up tbg. head, GIH w/2-3/8" tbg.

3/17/87 - Perf. Lovington Sd as follows: 2419', 2420', 2421', 2422' w/4 shots/ft. Spot 50 gals. 10% NEFE acid across perfs. Set RTTS pkr. @ 2370' @ 3200 psi. Acidize w/950 gals. 10% NEFE acid. Total acid pumped 1000 gals.

Nitrogen

3/18/87 - Frac Lovington Sd. w/8000 gals. 65%/foam & 5500 lbs. 20/40 sand.

3/19/87 - Overnite SIP 1500 psi. Circulated sand out & swabbed well down. Released PU. Will perforate Penrose 3/25/87.

ACCEPTED FOR RECORD

MAR 25 1987

CARLSBAD, NEW MEXICO

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

SIGNED David Goodrum TITLE Agent DATE 3/23/87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side