

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIE
Other Instruction
very body

1984 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" for such proposals.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	RECEIVED	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	JUN 08 '89	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	ARTESIA, NM 88210	J. L. Keel "B"
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	ARTESIA OFFICE	9. WELL NO.
660' FSL & 660' FEL		46
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT
	3783' GR	Grayburg Jackson
		11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
		Sec. 8-T17S-R31E
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACTURE TREAT	☐	REPAIRING WELL	☐
SHOOT OR ACIDIZE	☐	ALTERING CASING	☐
REPAIR WELL	☐	ABANDONMENT*	☐
(Other)	☐	(Other)	☐

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.) *

5/16/89 Perforated 3662-3674' with 4 holes. Acidized with 500 gal. 15% NEFE acid. Swabbed well back.

5/17/89 Perforated 3494-3589' with 37 holes. Set CIBP @ 3655'.

5/18/89 Acidized 3494-3589' with 2000 gal. 15% NEFE acid. Swabbed. Reacidized 3494-3589' with 6000 gal. 20% CRA acid. Swabbed well back.

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

SIGNED	Engineer	DATE
(This space for Federal or State office use)		5/24/89
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:		

*See Instructions on Reverse Side