

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

ORIGINAL RECEIVING
OFFICE FOR MR.
OF COPIES RETD.
(Other Instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NM60-3160-4

2151

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		3a. Area Code & Phone No. 505/677-2360		5. LEASE DESIGNATION AND SERIAL NO. LC-029426-A
2. NAME OF OPERATOR Harcorn Oil Company ✓				6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255				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 660' FSL & 660' FEL		RECEIVED JAN 12 '90 A. C. D. ARTESIA, OFFICE		8. FARM OR LEASE NAME H.E. West "A"
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3919' GR		9. WELL NO. 17
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
				11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Sec. 4-T17S-R31E
				12. COUNTY OR PARISH Eddy
				13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

Spudded 12-1/4" hole @ 9:45 p.m. 12-12-89. Drld. to 584'. Ran 13 jts. 8-5/8" 24# J-55 csg. to 575' GL & cmted. w/ 350 sx. cl. C w/ 1/4# Flo-seal & 2% CC/sk. P.D. @ 11:00 a.m. 12-13-89. Circ. 50 sx. to pit. Tst. BOP to 1000 psi for 30".

Drld. 7-7/8" hole to 3954'. Ran 96 jts. 5-1/2" 17# J-55 csg. to 3948' GL Cmted. w/ 600 sx. lite w/ 6# salt, 1/4# Flo-seal & 0.4% Halad 344 per sack followed by 575 sx. CLC w/ 6# salt, 0.3% CFR-3 & 0.4% Halad 4. Plug down @ 12:40 p.m. 12-20-89.

RECEIVED

DEC 21 12 17 PM '89

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

SIGNED

[Signature]

TITLE Manager

DATE 12/26/89

(This space for Federal or State office use)

Orig. Signed by [Signature]

APPROVED BY

TITLE

DATE 1-11-90

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side