

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE F. RIVER  
OF COPIES (JURID)  
(Other instructions on re-  
verse side)

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

215F

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"/>	3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255	5. LEASE DESIGNATION AND SERIAL NO. LC-019426-A
2. NAME OF OPERATOR Harcorn Oil Company	3a. Area Code & Phone No. 505/677-2360	6. IF INDIAN, ALLOTTEE OR TRIBE 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	7. UNIT AGREEMENT NAME	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
	RECEIVED JAN 12 '90 O. C. D. ARTESIA, OFFICE	10. FIELD AND POOL, OR WILDCAT Grayburg Jackson
		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 4-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	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)\*

12/26/89 Ran cement bond log. Perf. 3776-97 w/ 25 JS. Acidized perfs. w/ 2000 gals. 15% HCl. Swabbed well back.

12/28/89 Acidized perfs. 3776-3839 w/ 6000 gals. 20% CRA. Swabbed well back.

1/2/89 Perf. 3633-3726 w/ 10 JS. Acidized perfs. w/ 1250 gals. 15% HCl. Swabbed well back.

1/3/89 Perf. 3273-3508 w/ 40 JS. Acidized w/ 4000 gals. 15% HCl. Swabbed well back.

1/5/90 Fraced perfs. 3273-3508 w/ 80,000 gals. 30 # cross-link gel. 113,000 # 20-40 sand & 60,000 # 12-20 sand. Swabbed and flowed well back.

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

SIGNED <u>Ben A. Gault</u>	TITLE <u>Manager</u>	DATE <u>1/9/90</u>
(This space for Federal or State office use)		
APPROVED BY <u>Grig. Signed by Adam Salamah</u>	TITLE <u>PETROLEUM ENGINEER</u>	DATE <u>1-11-90</u>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side