

clsf

NM OIL AND GAS COMMISSION
Drawer 60
Artesia, NM 88210

FORM APPROVED
Budget Bureau No 1004-0135
Expires March 31, 1993

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

RECEIVED

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	2. Name of Operator SOCORRO PETROLEUM COMPANY	3. Address and Telephone No. 20 NORTH BROADWAY, SUITE 1500, Oklahoma City, Oklahoma 73102 (405) 552-4530	4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 2625' FNL & 15' FEL, Sec 4-T17S-R31E	5. Lease Designation and Serial No LC 029426-A	6. If Indian, Allottee or Tribe Name NA	7. If Unit or CA, Agreement Designation NA	8. Well Name and No H. E. WEST "A" #24	9. API Well No. 30-015-27388	10. Field and Pool, or Exploratory Area GRAYBURG-JACKSON	11. County or Parish, State EDDY County, NM
--	--	---	--	---	--	---	---	---------------------------------	---	--

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION	
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment	<input type="checkbox"/> Change of Plans
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion	<input type="checkbox"/> New Construction
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Altering Casing	<input type="checkbox"/> Conversion to Injection
	<input checked="" type="checkbox"/> Other <u>Production String</u>	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

Well TD on 9-4-94. We ran 5-1/2" csg as follows:

1- jt 5 1/2" 15.5" csg
1- 5 1/2" float collar @ 4345.75'
100 jts 5 1/2" 15.5# J-55 LT&C csg

Cmtd csg as follows:

955 sx 35/65 POZ + 6% D20 + 10% D44 (BWOW) + 1/4 lb/sk D29
Slurry weight = 12.7 ppg Slurry yield = 2.01 cft/sx
510 sk Class C + 5% D44 (BWOC) + 0.3% D59 + 1/4 lb/sk D29
Slurry weight = 14.8 ppg Slurry yield = 1.36 cft/sx
Circulated 176 sx cmt to surface

RECEIVED
SEP 26 9 28 AM '94
CARTER AREA

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

Signed <u>Jo Ann Hooks</u>	Title <u>ENGINEERING TECHNICIAN</u>	Date <u>9/15/94</u>
----------------------------	-------------------------------------	---------------------

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any: _____