

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE *
(Other Instructions on
reverse side)

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

C/SF

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.)

N.M. Oil Cons. Division

811 S. 1st Street
Artesia, NM 88210-2834

5. LEASE DESIGNATION AND SERIAL NO.
LC-029418-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
Skelly Unit

8. API WELL NO.
30-015-29032

9. WELL NO.
240

10. FIELD AND POOL, OR WILDCAT
Grayburg Jackson 7-Rivers

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 23-T17S-R31E

14. PERMIT NO

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3857'

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:

TEST WATER SHUT OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT * ☒

(Other) Set CIBP & Run tbg.

(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.)

11/18/96 Halliburton set CIBP @ 3650'. Dumped 35 sx. cement on CIBP.

11/20/96 Drilled cement to 3616'.

11/21/96 Ran 2-7/8" tbg. to 3607'. SN @ 3573'. TAC @ 3289'. Ran 2-1/2" x 1-1/2" x 16' RHTC pump.

ACCEPTED FOR RECORD

(ORIG. SGD.) DAVID R. GLASS

JAN 27 1997

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

SIGNED Mary Jo Turner TITLE Completion Department DATE December 30, 1996

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instruction On Reverse Side