

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR R
OF COPIES OF
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NM260-3160-4

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 ☐		3. AREA CODE & PHONE NO. 505/677-2360		5. LEASE DESIGNATION AND SERIAL NO. LC-029395-B	
2. NAME OF OPERATOR Socorro Petroleum Company		4. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & 660' FWL		7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Turner "B" (A)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3646' GR		9. WELL NO. 52	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		O. C. D. ARTESIA, OFFICE		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
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. SEC., T., R., M., OR BLM. AND SURVEY OR AREA 29-37S-31E		12. COUNTY OR PARISH Eddy	
				13. STATE NM	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF
FRACTURE TREAT
SHOOT OR ACIDIZE
REPAIR WELL
(Other)

PILL OR ALTER CASING
MULTIPLE COMPLETION
ABANDON*
CHANGE PLANT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF
FRACTURE TREATMENT
SHOOTING OR ACIDIZING
(Other)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

(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.)

10/30/90 Perf. 3269'-70' (2 holes), 3289'-98' (10 holes), and 3346'-52' (7 holes).
Acidized w/7000 gals. 15% NeFe. Pumped 2 blocks (300#) during treatment. Swabbed well back.

11/01/90 Frac w/50,000 gals. cross link gel carrying 87,500# 20/40 sand and 40,000# 12/20 sand. AIR 28 BPM, Max. Press. 3800#, Min. Press. 1500#, ISIP 2150#.

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

SIGNED [Signature] TITLE Consultant DATE 11/13/90

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations or to conspire with any other person to do so.