

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

BLM Roswell District
Modified Form No.
NM060-3160-4

5. LEASE DESIGNATION AND SERIAL NO.

LC 067348

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dixon-Yates LM Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undes. Wolfcamp

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

Unit G, Sec. 28-T18S-R29E

14. PERMIT NO.

30-015-23272

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

3451' GR

RECEIVED
DEC 18 '89
Q. C. D.
ARTESIA, OFFICE

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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Plugback, perforate

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

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

11-11-89. Set CIBP 9600' w/35' cement cap.

11-14-89. Perforated Wolfcamp 8897-8916' w/20 .35" holes. Dropped bar. Gas and water to surface. Swabbed with show of oil, water and gas.

11-15-89. Acidized perforations 8897-8916' w/2000 gals 15% NEFE acid.

11-16-89. Flow rate 70 psi, dry. Zone depleted.

11-18-89. Set CIBP 8880'. Perforated 8737-8857' w/30 - .35" holes as follows: 8737, 41, 45, 46, 51, 56, 61, 65, 71, 73, 75, 84, 92, 93, 94, 95, 96, 8805, 06, 07, 08, 09, 50, 51, 52, 53, 54, 55, 56 and 8857'. Treated perfs 8850-8857' w/3000 gals 15% NEFE acid.

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

SIGNED [Signature]

TITLE Production Supervisor

DATE 12-12-89

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side