

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions
verse side)

"E"
fe

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

215F

5. LEASE DESIGNATION AND SERIAL NO
NM 65392

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Compromise AEJ Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Und. East Lake Morrow

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

Unit H, Sec. 30-T18S-R27E

14. PERMIT NO.

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

API #30-015-25665

3281' GR

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)

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.) *

1-13-87. Sand frac'd perforations 9370-82' (via tubing) w/10000 gals gelled 3% MS and 25 tons CO₂, 20000# 20/40 sand.

ACCEPTED FOR RECORD

JAN 16 1987

CARLSBAD, NEW MEXICO

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

SIGNER

TITLE Production Supervisor

DATE 1-14-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side