

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP  
(Other instruction  
verse side)

ATE-

Form approved  
Budget Bureau No. 1004-0115  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 56226

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

New Deal AFD Federal Com

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Undesignated Cisco

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

Unit H, Sec. 6-T18S-R25E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

API #30-015-25922

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

3609.5' GR

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) Treat Well

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.) \*

3-7-89. Re-treat perforations 6525-6599' w/6000 gals Pad, 10000 gals 15% Retarded acid, 10000 gals 15% NEFE 1/2 Retarded, 10000 gals 2% KCL and 20000 gals 15% NEFE acid. Flushed and overflushed with 12000 gals 1% KCL.

3-9-89. Recovering load.

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

SIGNED

TITLE

Production Supervisor

DATE

3-10-89

(This space for Federal or State office use)

APPROVED BY

(ORIG. SGD.) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side