

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NO.
OF COPIES REQ. D
(Other instructions on re-
verse side)

BLM Roswell District
Modified Form No.
NND60-3160-4

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Socorro Petroleum Company		3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1305' FNL & 2525' FEL		5. LEASE DESIGNATION AND SERIAL NO. Lo-029395-B		6. IF INDIAN, ALLOTTEE OR TRIBE NAME			
7. UNIT AGREEMENT NAME		8. FARM OR LEASE NAME Turner "B"		9. WELL NO. 84		10. FIELD AND POOL, OR WILDCAT Grayburg-Jackson		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-17S-31E		12. COUNTY OR PARISH Eddy		13. STATE NM	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3726 GR 3737 KB		16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		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.)*		18. I hereby certify that the foregoing is true and correct		SIGNED		TITLE	

SEP 20 11 49 AM '90

RECEIVED

OCT 11 '90

O. C. D.
ARTESIA, OFFICE

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other) Run & cmt. surf. csg.	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

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

Drill 12-1/4" hole to 630'. Lost circ. at 170'. Ran 611.64' 8-5/8", 24#/Ft. J-55 csg. Set at 626.29'. Cmt. well w/350 sx. Class "C" cmt. containing 2% CaCl & 0.25% Floseal. Cmt. did not circ. WOC 4 hrs. PU & run 1" tbg. TOC 210'. Pump 35 sx. Class "C" containing 4% CaCl. POH w/ 1" tbg. Cmt. did not circulate. WOC 2 hrs. PU & run 1" tbg. TOC @ 150'. Pump 80 sx. Class "C" w/3% CaCl followed w/40 sx. Class "C" Neat. Circ. 15 sx. to pit. Job complete 6:30 a.m. MST 9-27-90. WOC 8 hrs.

ACCEPTED FOR RECORD

Attn

10/11/1990

C. F. B. NEW MEXICO

18. I hereby certify that the foregoing is true and correct		SIGNED		TITLE		DATE	
		[Signature]		Consultant		9/27/90	
(This space for Federal or State office use)							
APPROVED BY		TITLE		DATE			
CONDITIONS OF APPROVAL, IF ANY:							

*See Instructions on Reverse Side