

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FILE NUMBER
OF COPIES 1 (Other Instructions on reverse side)

Modified Form No.
N160-3160-4

454

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 ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Avon Energy Corp. ✓		8. FARM OR LEASE NAME Turner "B"	
3. ADDRESS OF OPERATOR P.O. Box 38, Loco Hills, NM 88255		9. WELL NO. 89	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 30' FNL & 1350' FWL (Unit C)		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
14. PERMIT NO. 30-015-26595		12. COUNTY OR PARISH Eddy	
15. ELEVATIONS (Show whether DT, RT, OR, etc.) 3634' GR		18. STATE NM	

FEB - 6 1991
O. C. D.
ARTESIA, OFFICE

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☒
FRACTURE TREAT	☐	FRACTURE TREATMENT	☒
SHUT-OFF OR ACIDIZING	☐	SHUT-OFF OR ACIDIZING	☒
REPAIR WELL	☐	(Other)	☐
(Other)	☐	(Other)	☐

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.)

1/14/91 Perfed the following intervals w/one 15/32" bullet/interval:

3291, 3295, 3296, 3304, 3306, 3307, 3308, 3309 (8 holes)

1/15/91 Acidized w/1000 gal. 15% NeFe acid.

1/15/91 Perfed the following intervals w/one 15/32" bullet/foot:

3117, 3118, 3119, 3150, 3152, 3154, 3156, 3158, 3160,
3233, 3234, 3239, 3240, 3243 (14 holes)

Acidized w/2000 gal. 15% NeFe acid.

1/17/91 Frac'd: w/ 50,000 gal. x-link gelled water carrying
87,500# 20/40 sand & 40,000# 12/20 sand.
Max. Press. 2580#, Min. Press. 78#, AIR 30.8 BPM,
ISIP 2040#

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

SIGNED Robert Setzler TITLE Consultant DATE 1-24-91
(This space for Federal or State office use)

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

*See Instructions on Reverse Side

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