

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT ON TRIPEX
(Other Instructions
Reverse Side)
50210

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

5. LEASE DESIGNATION AND SERIAL NO.

NMA34905

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 purposes.)

RECEIVED BY

SEP 29 1986

O. C. D.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Eastern Shore TL Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

McMillan-Upper Penn Gas

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

Unit C, Sec. 8-T19S-R27E

14. PERMIT NO.

API #30-015-24282

15. ELEVATIONS (Specify whether OF, AT, OR, ETC.)

1275' 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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(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 sub-surface location and measured and true vertical depths for all markers and zones pertinent to this work.) *

9-9-86. Acidized perforations 7701-7741' w/1000 gals 20% NEFE acid + N₂.

ACCEPTED FOR RECORD

Gud
SEP 26 1986

CARLSBAD, NEW MEXICO

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

SIGNATURE

TITLE

Production Supervisor

DATE

9-10-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side