

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN APPLICATION*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
0. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a well. Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		JUL 15 1983	
2. NAME OF OPERATOR		O. C. D.	
3. ADDRESS OF OPERATOR		ARTESIA, OFFICE	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
		7. UNIT AGREEMENT NAME	
		8. FARM OR LEASE NAME	
		9. WELL NO.	
		10. FIELD AND POOL, OR WILDCAT	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, ST, GR, etc.)	12. COUNTY OR PARISH	13. STATE

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

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) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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 spaces pertinent to this work.)*

3/24/83: FTP 100-120 psi. Well making water @ 1/2 GPM with some condensate. Left well flowing on 16/64" choke.

3/25/83: FTP 120 psi on 16/64" choke - rate 200 MCF/day. Pumped 4 gallons 20-40 mesh frac sand w/3 bbls. water down tbg. & shut well in to allow sand to fall to bottom. Treated w/32,000# 20-40 mesh sand, 5,040# 20-40 Wes-Prop II, 25,000 gals. MS Gel, 15,000 gals. CO-2. ISDP 6,200 psi, 2 hrs & 20 min. S.I.P. 3,500 psi. Opened well to pit, set well on 16/64" choke and left flowing overnight.

3/26-28/83: Testing - FTP 400 psi on 17/64" choke - Est. gas rate 700 MCF/day.

3/28/83 thru 4/7/83: Cleaned out w/coil tbg & nitrogen. Recovered: frac sand, ball sealers, some pieces of rubber, 1 piece of spring, 1 piece of slip, 1 piece of shearpin & some metal shavings.

4/8/83: Ran prong retrieving tool on wire line without success. Ran bailer w/chisel bottom on wireline - recovered frac sand.

4/9/83: Ran hydrostatic bailer, magnet & alligator bailer. Recovered frac sand, springs from pkr., metal from pkr. & rubber.

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

SIGNED _____ TITLE _____ DATE _____

(This space for Federal or State office use)

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

*See Instructions on Reverse Side