

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
OIL AND GAS COMMISSION

SUBMIT IN TRIPLI
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-61582

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Apache "A" Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT
Parkway (Delaware)

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

Sec. 35, T-19-S, R-29-E

14. PERMIT NO.

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

3314 G.L.

12. COUNTY OR PARISH

Eddy County

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 COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) RAN & CMT 8 5/8" CSG

(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 subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) *

CMT first stage w/500 gal. zonelock, 400 sx class "C" micro-lite
18.5 lbs. Poz-mix/sx, 0.3 gal. MR-45/sx, 0.15 gal. D604 A/sx.
T.E.W./200 sx "C" w/2% CaCl₂. P.D. @ 10:00 a.m. 03/17/89. Open
D.V. tool @ 10:30 a.m., circ. 6 hrs.

CMT second stage w/24 bbls zone-lock, 13 bbls. F.W., 900sx class "C"
microlite and tail-in w/200 sx class "C" w/2% CaCl₂. Had full returns.
Closed D.V. tool @ 5:20 p.m. Circ. 359 sx to sump w/237D psi.
Csa. set @ 3200'

ACCEPTED FOR RECORD

MAR 28 1989

EB

CARLSBAD, NEW MEXICO

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

SIGNED Robert L. Bradshaw

TITLE Sr. Staff Env./Reg. Spec.

DATE 03/21/89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side