

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OIL CONS COMMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

UMC Petroleum Corporation

3. Address and Telephone No.

410 17th Street, Suite 1400, Denver, CO 80202 (303) 573-5100

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1980' FNL & 1980' FWL SENW Section 10-T21S-R27E

5. Lease Designation and Serial No.

NM-14768

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

SW-804 & SW-805

8. Well Name and No.

Cerf Federal Com #2

9. API Well No.

30-013-20884 21884

10. Field and Pool, or Exploratory Area

Strawn/Morrow

11. County or Parish, State

Eddy NM

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Downhole Co-Mingled
Strawn/Morrow Production
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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.)*

Dual Strawn - Morrow producer with two tubing strings and packers. Well was formerly producing separately from both zones. State of New Mexico gave permission to co-mingle downhole using the following procedure: August 12, 1994

- 1) TIH with 7" RBP and 2-7/8" tubing to approximately 10,000' and set.
- 2) Test backside to 500# for 30 minutes on chart. (Fluid to be 2% KCL).
- 3) Release BP and pull out of hole.
- 4) TIH with short string and sting into packer at 10,046', retrieve plug in "N" nipple.
- 5) Sting out of packer at 10,046', pull out of hole with short string.
- 6) TIH with 7" production packer (with tail pipe) and seating nipple and 2-7/8" tubing to approximately 10,000'. Set and rig-up wellhead and load backside with 2% KCL water with packer fluid and test to 500# for 30 minutes. Rig-up and swap 2-7/8" tubing to frac tank.

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

Signed

Title Regulatory Coordinator

Date

3/27/95

(This space for Federal or State office use)

Approved by

Title

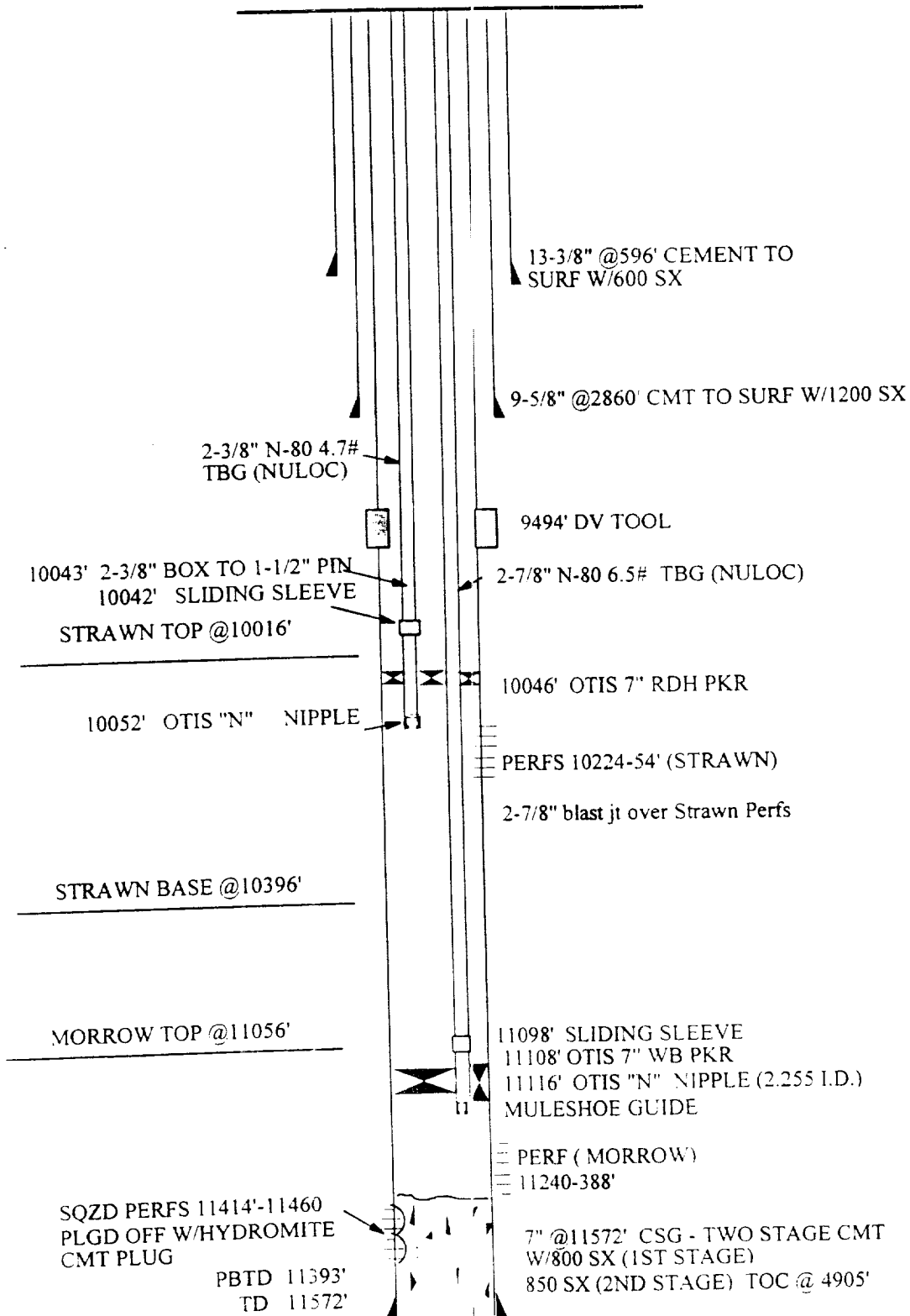
Date

6/8/95

Conditions of approval, if any:

CERF FEDERAL COM. #2
SEC 10-T21S-R27E
EDDY CO., NM

8/18/94



OIL CONSERVATION DIVISION
P. O. BOX 2038
SANTA FE, NEW MEXICO 87501

Form C-103
Revised 10-1-78

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LAND OFFICE		
OPERATOR		

3a. Indicate Type of Lease	
State <input checked="" type="checkbox"/>	Fee <input type="checkbox"/>
3. State Oil & Gas Lease No.	
NM-14768	
7. Unit Agreement Name	
Cerf Federal Com.	
8. Farm or Lease Name	
Burton Flats	
9. Well No.	
2	
10. Field and Pool, or Wildcat	
Strawn / Morrow	
12. County	
Eddy	

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" (FORM C-101) FOR SUCH PROPOSALS.

1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER
2. Name of Operator
General Atlantic Resources, Inc.
3. Address of Operator
410 17th Street, Suite 1400, Denver, CO 80202 / API# 30152088400D1
4. Location of Well
UNIT LETTER <u>F</u> <u>1980</u> FEET FROM THE <u>North</u> LINE AND <u>1980</u> FEET FROM THE <u>West</u> LINE, SECTION <u>10</u> TOWNSHIP <u>21 S</u> RANGE <u>27 E</u> NMPM.
15. Elevation (Show whether DF, RT, GR, etc.)
GR 3226'

16. Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	OTHER <input type="checkbox"/> Co-Mingle Strawn & Morrow Production

SUBSEQUENT REPORT OF:

REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
CASING TEST AND CEMENT JOB <input type="checkbox"/>	OTHER <input type="checkbox"/>

17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

Dual Strawn and Morrow producer with two tubing strings and packers. Well failed recent annual packer leakage test. On August 12, 1994, we began operations to repair packer, but we were unable to jar out dual packer at 10,046', after removing 2-3/8" tubing string and cutting off 2-7/8" tubing string at 10,006'. As per conversations with Ray Smith and Jim Morrow, we are proceeding with the following procedure to co-mingle both the Strawn and Morrow Zones:

- 1) TIH W/7" RBP and 2-7/8" tubing to approximately 10,000' and set.
- 2) Test backside to 500# for 30 minutes on chart. (Fluid to be 2% KCL)
- 3) Release BP and pull out of hole.
- 4) TIH W/short string and sting into packer at 10,046' and retrieve plug in "N" nipple.
- 5) Sting out of packer at 10,046', pull out of hole W/short string.
- 6) TIH W/7" production packer (with tail pipe) and seating nipple and 2-7/8" tubing to approximately 10,000'. Set and rig-up wellhead and load backside with 2% KCL with packer fluid and test to 500# for 30 minutes with chart. Rig-up and swab 2-7/8" tubing to frac tank.

RECEIVED
OIL CON. DIV.
DIST. 2

18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNED Scott M. Webb TITLE Regulatory Coordinator DATE 10/26/94

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