

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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 ☐
2. NAME OF OPERATOR: Nearburg Producing Company
3. ADDRESS OF OPERATOR: P. O. Box 31405 Dallas, Texas 75231
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
2310' FSL & 960' FEL of Sec. 11
5. LEASE DESIGNATION AND SERIAL NO.: NM 12828
6. IF INDIAN, ALLOTTEE OR TRIBE NAME:
7. UNIT AGREEMENT NAME:
8. FARM OR LEASE NAME: McKittrick Fed Com
9. WELL NO.: 1
10. FIELD AND POOL, OR WILDCAT: Und. Morrow
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec 11, T-22S, R-24-E
12. COUNTY OR PARISH: Eddy
13. STATE: NM
14. PERMIT NO.:
15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4016 GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) Activity ☒
REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☒

(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.)

- 11-28-88 M.I. and R.U. Completion Unit. Pulled tubing and Packer
11-29-88 Set HOWCO cast iron bridge plug on wire line @10,334, loaded casing with 2% KCL water. Tested C.I.B.P. to 1000 PSI. Held OK.
Ran Packer and 2 3/8" Tubing set packer @ 10,047'.
11-30-88 Rigged up and perforated thru tubing as follows: 10,223-24, 10,271-72,73, 74. 2 shots per foot. Swabbed welldry. Recovered 20 bbls water.
12- 1-88 14 Hrs. SI -0-. Acidized with 1000 gal ,7½% Morrow Flo Acid.
Swabbed well dry.
12- 2-88 Swabbed well dry. Recovered 5 bbls. water. Trace of gas
12- 3-88 Swabbed well dry in 1 hr.
12- 4-88 Shut in for further evaluation.

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

SIGNED

TITLE Engineering Manager

DATE 4-20-89

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DATE

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO