

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NM OIL CONS. COMMISSION
SUBMIT IN TRIPLE
Other Instructions
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 129588

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Harris Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Golden Lane Morrow

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

Sec. 5, T-21-S, R-29-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

Meadco Properties, Ltd.

3. ADDRESS OF OPERATOR

P. O. Box 2236, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface

1980' FWL & 660' FSL, Sec. 5, T-21-S, R-29-E

UT. N

14. PERMIT NO.

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

3389.7 Gr.

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)

(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.)*

8/1/81 - Ran 2 3/8" tubing & packer to 10,403'. Tested casing to 2500#. Treated w/8000 gal 7 1/2% Morflo II acid w/250,000 SCF N₂ + 28 ball sealers. Treated 4 BPM @ 6800#. ISI 5600# 5 min. SI 5200#. Prep to swab.

8/2 thru 8/21 - Swabbed and flow tested well.

8/21/81 - 96 hr SITP 3700#. Attempted to run 4 pt. test. Would not hold pressure.

8/25/81 thru 9/8/81 - Making repairs and waiting on potential test.

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

SIGNED

Marilyn Russell

TITLE

Production Manager

DATE 9/8/81

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side