

Form 3160-5  
(July 1989)  
(Formerly 9-331)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING  
OFFICE FOR NUMBER  
OF COPIES REQUIRED  
(Other instructions on reverse side)

San Roswell District  
Modified Form No.  
ND60-3160-4

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.)

OIL WELL ☐ GAS WELL ☐ OTHER ☒ TA'D

NAME OF OPERATOR

Presidio Exploration, Inc.

3a. Area Code & Phone No.  
(214) 528-5898

ADDRESS OF OPERATOR

3131 Turtle Creek Blvd, Suite 400, Dallas, Texas 75219

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

1980 FSL & 1980 FEL NW/4SE/4

6. LEASE DESIGNATION AND SERIAL NO.

NM-15873

8. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM OIL CONS COMMISSION  
Drawer DD

7. UNIT/AGREEMENT NAME

Artesia, NM 88210

2. FARM OR LEASE NAME

Doris Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Burton Flat

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

Sec. 26, T20S, R28E

PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, OR, etc.)

3263.5 Ground

O. C. D.

ARTESIA, OFFICE

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

Plug Back

REPAIRING WELL

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

ALTERING CASING

ABANDONMENT\*

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)  
\*When commencing or completing 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.)

5/13/90 - Set CIBP at 10900', capped with cement to 10865'. Set CIBP at 9050', capped with cement to 9015'. Perforated Delaware Formation from 4521'-4546' with 4 HPF. Ran and set Model R Packer at 4313'. Swabbed gas cut water with trace oil. Acidized perforations with 1500 gallons 7 1/2% HCl and 150 ball sealers. Frac'd perforations with 54000# 12/20 sand. Swabbed water with trace oil and gas. Pull out of hole with packer and ran cement bond log from 5575'-3500', cement bonding is 80-100%. Re-ran packer and set at 4433'. Swabbed water with trace oil and gas.

5/22/90 - Well shut-in pending evaluation.

MAR - 9 1991

SJS  
CO

I hereby certify that the foregoing is true and correct

SIGNED

Kim McLaughlin

TITLE

DISTRICT ENGINEER

DATE

8/12/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side