

RECEIVED BY
(November 1984)
(Formerly 9-331)
APR -3 1985
ARTESIA, OFFICE

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
ARTESIA, NM 88210

Budget Bureau No. 1004-0135
Expires August 31, 1985
5. LEASE DESIGNATION AND SERIAL NO.
NM-53218

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
CASA PETROLEUM, INC. ✓

3. ADDRESS OF OPERATOR
105 NORTH SIXTH STREET ARTESIA, N.M. 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
560' FNL & 660' FEL of Section (UNIT A)
(NE/4 NE/4)

11. PERMIT NO. 12. ELEVATIONS (Show whether OF, RT, G, etc.)
3960 G.L.

13. FIELD AND POOL, OR WILDCAT
WILDCAT - Bone Springs

14. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
SEC. 34-T21S-R24E

15. COUNTY OR PARISH
EDDY

16. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	☐	WATER SHUT-OFF	☐
FRACURE TREAT	☐	FRACURE TREATMENT	☒
SHOOT OR ACIDIZE	☐	SHOOTING OR ACIDIZING	☒
REPAIR WELL	☐	CEMENT & PERFORATE	☐
(Other)	☐	(Other)	☐

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION: (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.) *

10/6/84

CEMENT CASING WITH 425 SKS 5050 POZ AND 200 SKS HIGHEARLY 2

10/8/85

PERF AS FOLLOWS:

BONE SPRINGS	6314-15	2 shots
	6310-52	3 shots
	6311-75	5 shots
	6315-80	5 shots

ACIDIZE PERFS WITH 2000 GALLONS 15% NHEF AND CLAYBAN

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

SIGNED Mary J. Hall TITLE SECRETARY DATE 3/18/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY: None

APR 2 1985 *See Instructions on Reverse Side