

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN T
(Other Instruc.
verse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 0486

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Big Eddy Unit

8. FARM OR LEASE NAME

Big Eddy Unit

9. WELL NO.

109-y

10. FIELD AND POOL, OR WILDCAT

Undes. Delaware

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

Unit 0, Sec. 21-21S-28E

14. PERMIT NO.

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

3211' GR

12. COUNTY OR PARISH

Eddy

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐
☐
☐
☐

PULL OR ALTER CASING

☐
☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

3-15-85

Verbal permission obtained from Jerry Queen, BLM, Carlsbad and Larry Brooks, NMOCD, Artesia, NM to change casing as follows:

From: 12-1/4" hole - 8-5/8" casing set at 400'
to: 17-1/2" hole - 13-3/8" casing set at approximately 950'.

If needed 8-5/8" intermediate casing will be run to 2400'. Well be run of capton reef as encountered. per letter of Al Sprague, 3/20/85 BLM

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

SIGNED

Francis Goodlett

TITLE Production Supervisor

DATE 3-19-85

(This space for Federal or State office use)

APPROVED BY

Mark Hall

TITLE

DATE 3-21-85

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side