

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

DD

NM 88210

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

d/f

5. LEASE DESIGNATION AND SERIAL NO

NM-17095

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Government "D"

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Undesignated - Delaware

11. SEC., T., R., N., OR BLK. AND
SUBDIVISION OR AREA

Sec. 1, T-21S, R-27E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

14. PERMIT NO.

15. ELEVATIONS (Show whether SF, HT, OR, etc.)

GR - 3188

RECEIVED BY

MAY 22 1986

O. C. D.

ARTESIA, OFFICE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

SPUD

(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 and 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.)

5-8-86 SPUD & TD 17½" hole.

5-9-86 RIH w/13 jts 13-3/8 54.5# Buttruss csg to 535, cmt w/400x C (528 cf), circ 20x, 42% HWO, tst 1500#, OK, WOC 18 hrs.

5-10/11-86 Drlg new form, TD 12¼" hole.

5-12-86 RIH w/35 jts 10-3/4" 40.5# K55 ST&C w/7 centl, cmt @ 1460 w/250x TLW + 200x C Neat (717 cf), circ 75x, 58% HWO, tst 1500#, OK, WOC 18 hrs, Drlg new form.

ACCEPTED FOR RECORD

Handwritten signature
MAY 20 1986

CARLSBAD, NEW MEXICO

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

SIGNED

TITLE

Authorized Agent

DATE

5-16-86

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side