

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI  
(Other instructions  
verse side)

E-  
re-

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

dsr

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a new reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-34246	
2. NAME OF OPERATOR Primary Fuels, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR PO Box 569 Houston TX 77001		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1719' FSL & 1999' FWL of Section 19		8. FARM OR LEASE NAME PFI Amoco 19 Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3365 GL		10. FIELD AND POOL, OR WILDCAT Happy Valley Morrow Gas	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, T22S, R26E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

NOV 06 '87

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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other):			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Run & cement casing		<input checked="" type="checkbox"/>	
(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.) \*

10/09/87 Spudded 17-1/2" hole.  
10/11/87 Ran 13 jts 13-3/8" J-55 48# J-55 ST&C R-3 csg. Set @ 613'. Cmt'd w/310 sx Howco Lite + 1/2#/sk Flocele + 2% CaCl<sub>2</sub> @ 12.0 ppg. Tailed w/200 sx CL C + 2% CaCl<sub>2</sub>. Bump plug w/200 psi. No returns. WOC. Ran temp svy. Cmt top 235-250'. Ran 1" CS Hydril string. Tag cmt @ 251'; topped out w/250 sx CL C + 2% CaCl<sub>2</sub>. (90 bbls slurry). WOC.  
10/12/87 Stage 2: TOC 244'; Pump 75 sx CL C + 2% CaCl<sub>2</sub>. WOC.  
Stage 3: TOC 242'; Pump 75 sx CL C + 2% CaCl<sub>2</sub>. WOC.  
Stage 4: TOC 241'; Pump 35 sx CL C + 4% CaCl<sub>2</sub>. WOC.  
Stage 5: TOC 241'; Pump 35 sx CL C + 4% CaCl<sub>2</sub>. WOC.  
Stage 6: TOC 180'; Pump 100 sx CL C + 4% CaCl<sub>2</sub>. WOC.  
Stage 7: TOC 120'; Pump 110 sx CL C + 4% CaCl<sub>2</sub>. Cmt circulated. WOC.  
Stage 8: Cmt dropped 1'. RD 1" tools & Halliburton. WOC.

BLM REPRESENTATIVE: J. DALE CARPENTER

10/13/87 Tested csg & BOP's to 500 PSI. (Rig pump)

RECEIVED  
OCT 10 11 15 AM '87  
CARPENTER  
AREA HEADQUARTERS

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

SIGNED J. Dale Carpenter TITLE Drilling Superintendent DATE 10/14/87

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

SJS