

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN  
(Other instru  
verse side)

LOCATE\*  
as on re

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

45F

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 <input checked="" type="checkbox"/> GAS WELL <input 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 1687' FSL & 2041' FWL of Section 19		8. FARM OR LEASE NAME PFI Amoco 19 Federal	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3377.6 GL		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 19, T22S, R26E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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) <input type="checkbox"/>	

SURSEQUENT 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	X

(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.)\*

12/07/87 Spudded 17-1/2" hole.  
12/10/87 Ran 15 jts 13-3/8" 48# J-55 ST&C. Set @ 623' KB.  
Pumped 40 sx Howco Lite w/1000 gal Flowcheck II in two stages. Mix and pump 100 sx Premium Plus Thixset + 10#/sk Gelsonite + 1/4#/sk Flocele @ 14.0 ppg. Mix and pump 300 sx Howco Lite Premium Plus + 1/4#/sk Flocele + 2% Ca Cl<sub>2</sub> @ 12.8 ppg - Tail w/250 sx Premium Plus + 2% CaCl<sub>2</sub> @ 14.8 ppg. Displ w/91 BFW. Bump plug w/300 PSI. Float did not hold. SI @ surface. PD @ 1100 hrs MST. No returns to surface. FL 10' from surface. WOC 4 hrs. Ran 1" tbg. Tag TOC @ 162'. Circ thru 1" @ 2 BPM. Mix and pump 165 sx Premium Plus Neat @ 14.8 ppg. Circ 10 sx to surface. CIP @ 1555 hrs MST. WOC 5 hrs. Cut 13-3/8", install braden head. Test to 400 PSI. Test BOP and casing to 500 PSI.

BLM REPRESENTATIVE: DANIEL CORTEZ, CARLSBAD

SJS

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

SIGNED Daniel Cortez

TITLE Mgr-Drlg & Production

DATE 12/11/87

(This space for Federal or State office use)

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

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

\*See Instructions on Reverse Side