

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPI
Other instruction
verse side)

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

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"/>	2. NAME OF OPERATOR Primary Fuels, Inc. ✓	3. ADDRESS OF OPERATOR PO Box 569 Houston TX 77001	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	5. LEASE DESIGNATION AND SERIAL NO. NM-34246	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	7. UNIT AGREEMENT NAME	8. FARM OR LEASE NAME PFI Amoco 19 Federal	9. WELL NO. 2	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
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, GR, etc.) 3377.6 GL											

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>		<input type="checkbox"/>

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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

3/09/88 Perf 2 SPF 2332-2360'. Sqzd 2.6 bbl 10% acetic in perfs. BD @ 1920 PSI. PI 1.3 BPM @ 970 PSI. ISIP 950, 5 min 560, 15 min 400, 1 hr 0 PSI.

3/10/88 Swab well.

3/11/88 Acidized w/3000 gal 7-1/2% NEFE + 120 7/8" RCN ball sealers. Disp w/ 11 bbl 2% KCL. BD @ 900 PSI, 2.6 BPM. ATP 914 PSI, MTP 950 PSI, AIR 2.8 BPM, MAX 3 BPM. No ball action. ISIP 750 PSI, 5-10-15 min 600 PSI.

3/12/88 Swab well. Water check:
thru RW - 0.64 @ 70°F CAL - 4893 SULF - Hvy KCL - Nil
3/15/88 SG - 1.1 MG - 962 BICARB - 1103 OIL - 38.5°API
PH - 6.9 CHL - 82000 IRON - Nil

3/15/88 RELEASED RIG PENDING REMEDIAL WORK.

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

SIGNED Steve Pata

TITLE Mgr-Drlg & Production

DATE 3/17/88

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side