

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
Artesia, NM 88010

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

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.

3Y

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 13. STATE

Eddy

New Mexico

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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Primary Fuels, Inc. ✓

APR 19 '88

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

1831' FNL & 2577' FEL of Section 19

14. PERMIT NO.

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

3385.3

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Run & Cement Casing

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

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.)*

3/22/88 Spudded 17-1/2" hole.

3/25/88 Ran 17 jts 54.50 J-55 ST&C 13-3/8" casing. Set @ 694' KB. Mixed and pumped 100 sx Premium Plus Thixset + 10#/sk Gilsonite + 1/4#/sk Flocele @ 14.1 ppg + 350 sx Halliburton Lite Premium Plus + 1/4#/sk Flocele + 2% CaCl₂ @ 12.7 ppg. Tail w/250 sx Premium Plus + 2% CaCl₂ @ 14.8 ppg. Displ w/104 BFW. Bump plug w/400 PSI. Float held. CIP @ 0830 hrs MST. Circ 240 sx to surface, held. WOC. Cut 13-3/8". Installed head. Test to 400 PSI. Test BOP & casing to 1000 PSI.

BLM WITNESS: JOSE SANCHEZ

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

SIGNED Steve Pate

TITLE Mgr-Drilg & Production

DATE 3/28/88

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

SJS