

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP. DATE*
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-76919

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Roaring Spring Fed. Com.

9. WELL NO.

1

10. FIELD AND POOL OR WILDCAT

Indian Basin Morrow

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 14, T-21-S, R-23-E

12. COUNTY OR PARISH 13. STATE

Eddy

NM

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.)

RECEIVED

DEC 22 '89

O. C. D.
ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Bill Fenn, Inc.

3. ADDRESS OF OPERATOR

P. O. Drawer 569, Giddings, Texas 78942

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1650' FNL & 990' FWL

14. PERMIT NO.

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

3791.6 GR

16. 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 COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Morrow Completion

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

XX

(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 perti-
nent to this work.) *

5-8-89 Perforations 9286-9438 27 holes. Acidize width 2000 gallons 7 1/2% Morflow
HCL Acid width 1000 SCF nitrogen per barrell Flow test well no gas. Set CIBP
at 9150 with 50' cement on top.

475

RECEIVED

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

SIGNED

Kim Mayja

TITLE Agent

DATE December 13, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side