

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-8217

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR  
STEVE ZELL

3. ADDRESS OF OPERATOR  
P.O. Box 5061 MIDLAND TEXAS 79704

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
1294' FNL & 2063' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
4206' GR

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AUG 04 '89  
C. C. D.  
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bandaid Federal

9. WELL NO.

10. FIELD AND POOL OR WILDCAT

INDIAN BASIN

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

SEC 5 T22S R24E

12. COUNTY OR PARISH 13. STATE

EDDY N.M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐  
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐  
SHOOT OR ACIDIZE ☐ ABANDON\* ☐  
REPAIR WELL ☐ CHANGE PLANS ☒  
(Other)

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT\* ☐  
(Other)

(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.)

AMEND ORIGINAL CEMENTING PLANS FOR INTERMEDIATE PIPE:

HOLE DEPTH: 2500'

CASING SIZE: 9 5/8"

" DEPTH: 2500'

HOLE SIZE: 12 1/4"

FILL-UP REQUIRED: CIRCULATE

INSTALL FLOATING EQUIPMENT, RUN CASING TO BOTTOM & CIRCULATE REQUIRED HOURS TO CEMENT.

MIX GOOSACKS OF THE FOLLOWING CEMENT BLEND:

PREMIUM PLUS CEMENT CONTAINING 2% CaCl<sub>2</sub>

BASE  
SUMP WEIGHT - 14.8 PPg  
" " - 1.32 CF/SK  
WATER RATIO - 6.3 gal/sk

FOAM  
9.0 AUG,  
2.31 AUG,  
6.3

Aug 1 3 54 PM '89

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

SIGNED

TITLE

AGENT

DATE

8-1-89

(This space for Federal or State office use)

APPROVED BY

FOR: CHIEF, MIDLAND DISTRICT

DATE

8-7-89

\*See Instructions on Reverse Side