

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC 065421

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bradley Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Black River (Delaware)

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

Sec 11, T24S, R26E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ SWD

2. NAME OF OPERATOR

Thornton Hopper

MAY 30 '90

3. ADDRESS OF OPERATOR

Box 121 Mentone, Tx 79754

O. C. D.

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

1650' FSL & 990' FEL

14. PERMIT NO.

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

3271 GL

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Pull tubing and packer from well.

Run segment Gamma - Neutron Log.

Send log and proposed point of perforating to New Mexico Energy & Minerals Department, Santa Fe, for approval.

Perforate well, run packer and tubing as prescribed by NME&M DEPT.

Acidize well w/1,000 gals. 15% Hcl.

Check well to determine injection pressure.

Begin work procedure on May 21, 1990.

RECEIVED
MAY 21 11 05 AM '90
CARLSBAD OFFICE
AREA HEADQUARTERS

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

SIGNED

Thornton Hopper

Owner

DATE 5-19-90

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 5-29-90

Subject to
Like Approval

*See Instructions on Reverse Side