Submit 3 Copies to Appropriate District Office

## State of New Mexico Emergy, Minerals and Natural Resources Department



**DISTRICT I** 

OIL CONSERVATION DIVISION P.O. Box 1980, Hobbs, NM 88240 WELL API NO. P.O. Box 2088 Santa Fe, New Mexico 87504-2088 \*DISTRICT II P.O. Drawer DD, Artesia, NM 88210 5. Indicate Type of Lease DISTRICT III MAY 1 3 1992 STATE X FEE 1000 Rio Brazos Rd., Aztec, NM 87410 6. State Oil & Gas Lease No. O. C. D. K-4538 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" 7. Lease Name or Unit Agreement Name (FORM C-101) FOR SUCH PROPOSALS.) 1. Type of Well: Allied State WELL WELL X OTHER 2. Name of Operator 8. Well No. Vintage Petroleum, Inc. 3. Address of Operator 9. Pool name or Wildcat 4200 One Williams Center Tulsa, Oklahoma 74172 Carlsbed, S. (Strawn) 4. Well Location Fronker Hills I : 1980 Feet From The Unit Letter \_\_ South 990 Feet From The \_\_East Line and Line 10 Section 23 S Township 26 E Eddy Range **NMPM** 10. Elevation (Show whether DF, RKB, RT, GR, etc.) 3315 KB 3300 GR Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data 11. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF: PERFORM REMEDIAL WORK PLUG AND ABANDON REMEDIAL WORK **ALTERING CASING** TEMPORARILY ABANDON **CHANGE PLANS** COMMENCE DRILLING OPNS. PLUG AND ABANDONMEN **PULL OR ALTER CASING** CASING TEST AND CEMENT JOB OTHER: OTHER:\_\_ Recompletion

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed

Application to plug back approved 12-13-91.

Work performed: Set CIBP @ 11615. Cap w/35' cmt. Sqz Canyon perfs 10247-77. Press test to 4000#, held ok. Perf Strawn 10552-64 & 10570-74. Ran thg w/pkr set @ 10494. Acidize w/15% NeFe acid. Tested 67 MCFD, Ø BO, Ø BW, 370 FTP, 48/64" choke. 4400 SITP.

Acidize w/6000 gal 20% NeFe w/60% CO2. Flow 269 MCFD, 4 BCPD,

Ø BW. 430 FTP, 25/64" Choke. Shut in waiting on pipeline.

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I hereby certify that the information above is true and complete to the best of my knowle	edge and belief.	
SIGNATURE / WILLIAM	mms Supervisor, Regulatory Affairs	_ DATE
TYPEORPREY NAME Leann Ogee		TELEPHONE NO.(918) 592-0101
(This space for State Usp) ORIGINAL SIGNED BY		MAY 2 0 1992
CONDITIONS OF APPROVAL, P ANY:	— TITLE —	— DATE ————