

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
SUNDRY NOTICES AND REPORTS ON WELLS

SUBMIT IN TRIPL
(Other instructions
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0556857

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Nash Unit

8. FARM OR LEASE NAME

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Nash Draw Atoka

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

Sec. 18, T23S, R30E

12. COUNTY OR PARISH

Eddy

13. STATE

NM

14. PERMIT NO.

- API #30-015-21672

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

3039'

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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WATER SHUT-OFF

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☐
☐
☐

REPAIRING WELL

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

(Other) Reperforate

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.)*

Propose to reperforate well in Atoka as follows:

Squeeze existing Atoka perms 12,432' - 441' w/100 sx "H"
Block squeeze @ 12,508 - 10' w/100 sx "H"
Perforate Atoka 12576' - 602'
Acidize w/5,000 gal. gelled 15% NEFE
Return well to production

Workover pit will be located on pad where drilling pit was originally built.

xc: BLM - Carlsbad (0+3), NMOCD - A, Regulatory, Prod. Rcds., Expl.

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

SIGNED

R. E. Mathis

TITLE Regulatory Agent

DATE

9-29-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

10-9-87

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side