

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM OIL GASES COMMISSION
SUBMIT IN TRIPLICATE
(Other instructions on reverse side)
DEC 13 1989
RECEIVED

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-0454018
2. NAME OF OPERATOR Union Oil Company of California	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 671 - Midland, Texas 79702	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FNL & 2310' FEL	8. FARM OR LEASE NAME Federal "AJ"
14. PERMIT NO.	9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3110' GR	10. FIELD AND POOL, OR WILDCAT Esperanza (Delaware)
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T-22-S, R-27-E
	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) Add perms/placed back on prod. <input checked="" type="checkbox"/>	

(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.)

TD - 4500'
EID - 4410'

Delaware perms: 3416-3420'
8 5/8" @ 475'
5 1/2" @ 4500'

Federal "AJ" #1 was shut in 7-26-89-well was making all water.
Worked on well 10-26-89 through 12-11-89---

10-27-89-Perf additional pay 3416-3420' (9 shots-2JSPF). Acidize 3416-20' @ 1 BPM @ 400 psi-frac'd w/5800 gals 30# linear gel in 4 stages--10,000# 20/40 sd @ 8 BPM @ 1800-1375.

10-28-89-R&L 118 jts (3578') 2 3/8" 4.7# EUE 8rd J-55 used tbg @ 3588'-SN @ 3552'-TAC @ 3247' in 14,000# tension. Ran pump & rods-pumping @ 5:00 P.M, 10-28-89

11-3-89-First oil pumped-3 BO + 46 BW.

12-11-89-Pumped 3 BO + 105 BW f/24 hours. Prior test-shut in.

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

SIGNED Charlotte Beeson TITLE Drilling Clerk

DATE 12-12-89

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side