

OIL CONSERVATION DIVISION

P.O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form O-103
Revised 12-1-81

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U.S.G.S.	
LAND OFFICE	
OPERATOR	1

RECEIVED

SUNDARY NOTICES AND REPORTS ON WELLS

DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO REPAIR OR PLUG ANY WELL. A DIFFERENT DISPOSITION
USE APPLICATION FOR PERMIT TO DRILL OR REPAIR OR PLUG SUCH PROPOSAL

MAY 27 1982

OIL WELL ☒ GAS WELL ☐ OTHER ☐

O. C. D.
ARTESIA, OFFICE

Name of Operator
DENERO OPERATING COMPANY ✓

7. Indicate Type of Lease
State ☐ Fee ☒
8. Indicate Oil & Gas Lease No.

Address of Operator
POST OFFICE DRAWER 10505, MIDLAND, TEXAS 79702

9. Well No.

Location of Well
S L 1980 FEET FROM THE South LINE AND 660 FEET FROM
UNIT LETTER THE West LINE, SECTION 25 TOWNSHIP 23-S RANGE 28-E N.M.P.M.

10. South Culebra Bluff
Bone Spring

11. Elevation (Show whether DE, RT, GR, etc.)

2991

12. County
Eddy

Check Appropriate Box To Indicate Nature of Notice, Report or Other Data
NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF:

PERFORM REMEDIAL WORK ☐	PLUG AND ABANDON ☐	REMEDIAL WORK ☒	ALTERING CASING ☐
TEMPORARILY ABANDON ☐	CHANGE PLANS ☐	COMMENCE DRILLING OPER. ☐	PLUG AND ABANDONMENT ☐
PLUG OR ALTER CASING ☐	OTHER ☐	CASING TEST AND CEMENT JOB ☐	
		Perf. & Frac. ☒	

7. Exercise Prepared or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work, SEE RULE 1103).

May 11, 1982: Set C.I.B.P. at 6,520'.

Perf. 6292-97'; 6306-08, 20,25,30,43,62, 70, 81;
6400-05,43,61

Pump 5000 gallons MSR 15% Acid, 15 Ball Sealers.

Frac. by Dowell-53,500 Cross Link Gel YF4 P5D 18000# FLA 100,
114,000 of 20/40 Sand.

Max. pressure 2400#, final 2000#, I.S.D.P. 1620#.

Job over at 2012 hours.

10 min. shut in pressure 850#, left closed in over night.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

Signed Laverda Norman

TITLE Production Supervisor

DATE May 24, 1982

APPROVED BY M. H. Walker

TITLE OIL AND GAS INSPECTOR

DATE JUN 1 1982

CONDITIONS OF APPROVAL, IF ANY: