

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN THE  
(Other instructions  
on reverse side)

LOCATE  
or re-

Form approved  
Budget Bureau No. 42-R1424  
5. LEASE DESIGNATION AND SERIAL NO.

0556542

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug a well to a different reservoir.  
Use "APPLICATION FOR PERMIT" for such proposals.)

1. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR DINERO OPERATING COMPANY		8. FARM OR LEASE NAME AMINOIL FEDERAL	
3. ADDRESS OF OPERATOR P. O. DRAWER 10505, MIDLAND, TEXAS 79702		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2030' From South Line & 1680' From East Line Sec. 22, T-24-S, R-28-E, Eddy County, New Mexico		10. FIELD AND POOL, OR WILDCAT Malaga Atoka Morrow	
14. PERMIT NO.		11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 22, T-24-S, R-28-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2926.6' G.L.		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

18. 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"/>
FRACURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Log & set 95/8" casing-cement	<input checked="" type="checkbox"/>		<input 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.)

12/06/82: Drilled to 9680' with 12 1/4" hole.

Ran Electric Logs; Schlumberger's LDT, CNL, GR, DLL, EXO, & EPT-in  
3 runs into hole.

RECEIVED

12/08/82: Set 9694.66' of 9 5/8" protection casing-262 joints.

Top: 1320.86' 9 5/8" 43.5# P110 LT&C  
4037.66' 9 5/8" 47.0# N-80 LT&C  
4336.13' 9 5/8" 47.0# S-95 LT&C

Set DV Tool at 6422.47'

JAN 21 1983

O. C. D.

ARTESIA, CHITOSE

12/09/82: Cement first stage with 700 sacks Trinity Lite with 3/4 of 1% CFR-2 & 1/4# Flocele followed by 300 sacks CL. H. with 3/4 of 1% CFR-2 & 3# KCL. Open DV Tool and circulated 8 hours. No cement returns.

Cemented 2nd. stage with 1900 sacks Trinity Lite with 5/10 of 1% CFR-2 & 1/4# Flocele, followed by 735 sacks CL. C. with 2% gel, 5/10 of 1% CFR-2, 6# salt, & 1/4# Flocele. Did not circulate. WOC for 18 hours. Top of cement by Temp. survey at 2,000'.

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

SIGNED *Lavanda Norman*

TITLE Production Supervisor

DATE Dec. 13, 1982

(This space for Federal or State office use)

(ORIG. SCD.) DAVID R. GLASS

APPROVED BY  
CONDITIONS OF APPROVAL

DATE

JAN 20 1983

MINERALS MANAGEMENT SERVICE  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side