

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
verse side)

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 29203	
2. NAME OF OPERATOR W. A. Moncrief, Jr.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 400 Metro Bldg, 119 N. Colorado, Midland, Texas 79701		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 1907' FNL & 553' FEL		8. FARM OR LEASE NAME Guadalupe Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4643 gd, 4660.5 KB		10. FIELD AND POOL, OR WILDCAT Baldridge Canyon Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA section 22, T24S, R24E	
		12. COUNTY OR PARISH Eddy	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Extended Production Tests <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.)

- (1) This well was shut in for 7½ years after original completion.
- (2) Operator has tested the well for several days after reacidizing w/1000 gallons Morflow. The well seems to be slowly cleaning up after the acid job and is still recovering some LW.
- (3) The sensitive nature of the Morrow in this area results in slow clean-up after treatment. Results to date are encouraging; but inconclusive.
- (4) Operator requests an extended 30 day testing period to evaluate the deliverability of the well to determine whether or not we can justify the cost of additional stimulation or the cost of a pipeline connection.
- (5) Operator plans to release test separator & tie well in to test tank.
- (6) The well will flow into test tank on various sized chokes with gas being vented to the atmosphere.
- (7) The gas is sweet and the well is in an extremely remote area & there would be no danger to humans or wildlife.
- (8) The well will be monitored daily by our pumper.

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

SIGNED Dwight E. Sharntau

TITLE Exploration Manager

DATE June 11, 1992

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side