

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP DATE*
(Other instructions on re-
verse side)

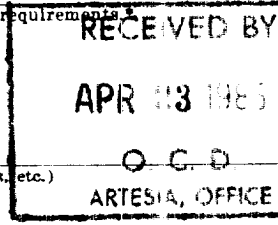
Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

457

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"/>	NM OIL CONS COMMISSION	7. UNIT AGREEMENT NAME	Big Eddy Unit
2. NAME OF OPERATOR	Drewen DD Artesia, NM 88210	8. FARM OR LEASE NAME	Big Eddy Unit
3. ADDRESS OF OPERATOR		9. WELL NO.	110
207 South 4th St., Artesia, NM 88210		10. FIELD AND POOL OR WILDCAT	E. Indian Draw Delaware
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	2310 FNL & 330 FEL, Sec. 9-T22S-R28E	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	Unit H, Sec. 9-22S-28E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH	13. STATE
	3137' GR	Eddy	NM



12. 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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) Production Casing, Perforate <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.) *

3-24-85. TD 6075'. Ran 148 joints 5-1/2" 15.5# J-55 casing set 6075'. Cement nosed guide shoe set 6075'. Superseal float collar set 6035'. Cemented w/450 sacks Class "C" .3% Halad-4, .2% CFR-2, 1/4#/sack flocele. Tailed in w/450 sacks Class "C" .3% Halad-4, .2% CFR-2. Compressive strength of cement - 950 psi. PD 7:45 AM 3-24-85. Bumped plug to 1000 psi, released pressure, float and casing held okay. WOC.

4-2-85. WIH and perforated 5908-15' w/8 .42" holes (1 SPF). Acidized perfs 5908-15' w/1000 gals 7 1/2% HCL with 200 gals KCL water and N₂.

4-4-85. Frac'd perfs 5908-15' (via tubing) w/15000 gals X-linked, 2% KCL gelled water and 30500# 20/40 sand.

4-10-85. WIH and perforated in 2 stages as follows: 4079-88' (9 holes) and 4151-57' (5 holes) total 14 .42" holes as follows: 4079, 80, 81, 82, 83, 84, 86, 87 and 88' 4151, 52, 53, 56 and 57'. Treated perfs 4151-57' w/500 gals 7 1/2% HCL and 1000 gals KCL.

4-11-85. Acidized perfs 4079-88' w/1500 gals 7 1/2% HCL and 1000 gals KCL.

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

SIGNED Quanta Goodlett

TITLE Production Supervisor

DATE 4-17-85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY

TITLE _____

DATE _____

APR 17 1985

*See Instructions on Reverse Side