

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

NM OIL CO' 'MMISSION
Drawer DD
Artesia, NM 88210

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

5. Lease Designation and Serial No.

NM 0459862-A

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Spitefire "19" #1

9. API Well No.

30015252900S1

10. Field and Pool, or Exploratory Area

Phantom Draw (Wolfcamp)

11. County or Parish, State

Eddy County, NM

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well

☐ Oil Well ☒ Gas Well ☐ Other

2. Name of Operator

IP Petroleum Company, Inc.

3. Address and Telephone No.

3100 North "A", Bldg B, Ste 125, Midland, TX 79705

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

1970' FNL and 670' FEL, Sec 19, T-26-S, R-31-E, Unit H

RECEIVED

OCT 05 '94

O. C. D.
ARTESIA OFFICE

12. **CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION

- ☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☐ Other _____
- ☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13. 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.)*

8/16/94 Set cmt retainer @6700' could not pump into perfs.

8/17/94 Perf Upper Pioneer sand 6565' - 6689'.

8/19/94 Acidized w/1500 gals 7-1/2% acid.

8/22/94 Swab Test.

RECEIVED
Aug 24 10 23 AM '94

Ad

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

Signed Kim Stewart

Title Production Clerk

Date 8/22/94

(This space for Federal or State office use)

Approved by _____

Title _____

Date _____

Conditions of approval, if any: