

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
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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.)

OCT 19 11 24 AM '91

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> CARL... SOURCE: BUREAU OF LAND MGMT.</p> <p>2. NAME OF OPERATOR: AMERADA HESS CORPORATION</p> <p>3. ADDRESS OF OPERATOR: DRAWER D, MONUMENT, NEW MEXICO 88265</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 2310' FSL & 2279' FWL</p> <p>14. PERMIT NO. _____</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3573' DF</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. LC-031621-A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME BRITT A</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT EUNICE MONUMENT G/SA</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA SEC. 6, T-20S, R-37E</p> <p>12. COUNTY OR PARISH LEA</p> <p>13. STATE NEW MEXICO</p>
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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 COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) _____	(Other) _____

(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.)*

MIRU PLUGGING UNIT. TIH W/5½" MODEL R PKR. ON TBG. AND SET ± 2870'. ESTABLISH INJECTION RATE INTO LEAK WITH FRESH WATER. TOH W/PKR. TIH W/5½" CMT. RETAINER ON TBG. AND SET ± 2870'. LOAD AND TEST TBG. TO 2000# AND BACKSIDE TO 500#. ESTABLISH INJECTION RATE INTO LEAK 2920'-3350' W/FRESH WATER. SQUEEZE LEAK W/200SKS. CLASS C NEAT CEMENT. STING OUT OF RETAINER & SPOT 10 SKS. CEMENT ON TOP OF RETAINER. WOC. PUH AND CIRCULATION HOLE W/9.5# MUD. TIH W/PERFORATING GUN AND PERFORATE 5½" CASING @ 686'. TOH W/PERF. GUN. TIH W/1 JT. TBG. CLOSE BOP. LOAD HOLE W/9.5# MUD & ESTABLISH CIRC. UP 5½" & 8-5/8" ANNULUS. PUMP 250 SKS. CLASS C NEAT CEMENT TO FILL UP 5½" CSG. & 8-5/8" & 5½" ANNULUS. TOH TBG. CUT OFF CSG. STRINGS AT BASE OF CELLAR. COVER W/¼" METAL PLATE & WELD IN PLACE. ERECT DRY HOLE MARKER. CUT OFF DEAD-MEN MARKERS. FILL IN CELLAR & PITS. REMOVE EQUIPMENT FROM LOCATION. CLEAN AND RE-SEED LOCATION.

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

SIGNED Dennis Wann TITLE SR. PETROLEUM ENGINEER DATE OCTOBER 9, 1991

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 10/30/91

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

AUTHORIZATION FOR EXPENDITURE—WORKOVER

COMPLETION - SCHEMATIC

WELL NAME: BRITT A LC-031621-A WELL NO: 5

TYPE COMPLETION: SINGLE DUAL OTHER

LOCATION: 2310' FSL 2279' FWL SEC. 6, T 20S, R 37E

TD: 5650' PBD: 3550' ELVS: KB: DF: 3575'

COD: DOD: GL: PUMPING: GL:

NO. PROD. WELLS ON LBE: FLOWING: ZONE TO BE WORKED ON: CURRENT COMPLETION ZONE:

CSG. PERFS. OR OH INTERVAL:

CURRENT TEST (SHOW DATE): CIBP @ 3350'

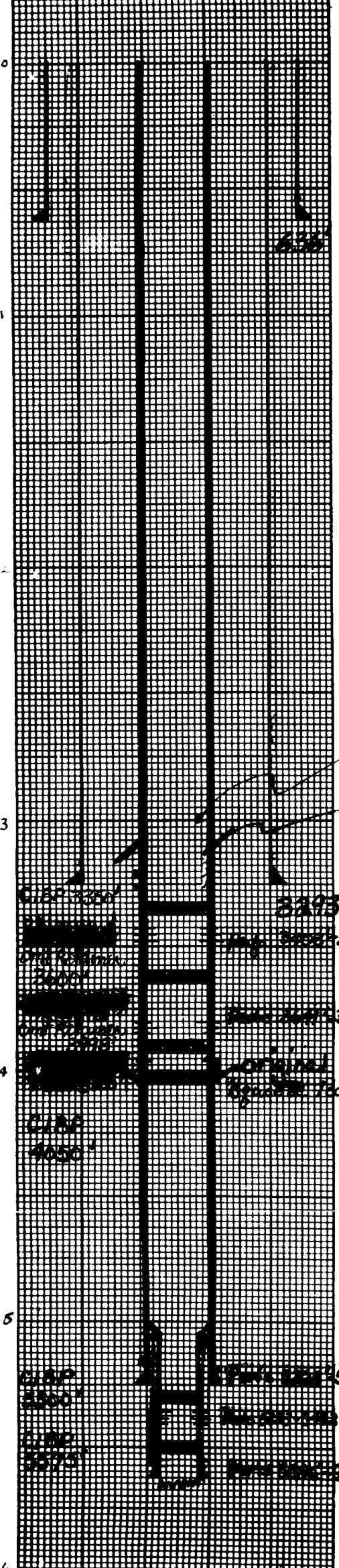
PRESENT ALLOW. TOP FIELD ALLOW.

GOR LIMIT SPACING

CASING	SIZE	DEPTH	TOP CEMENT
CASING: SURFACE	13-3/8" 48#	636'	CIRC.
CASING: INTERMEDIATE	8-5/8" 24, 32# 5-1/2"	3293' 5211'	TOP CEMENT 3100'
CASING: LINER	4" 9.5#	5061'-5640'	50 SKS.

SUMMARY OF PREVIOUS WORKOVERS

RECOMMENDATION AND JUSTIFICATION



SUBMITTED BY