

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
NM Oil Cons. Comm.
SUBMIT IN TRIPLE
Drawings (Other instructions on re-
verse side)
Artesia, NM 88210

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 ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR RN AINSWORTH		8. FARM OR LEASE NAME McKamy
3. ADDRESS OF OPERATOR Box 7, Milnesand, N.M. 88125		9. WELL NO. #2 Re-entry
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FNL 1980 FWL 710		10. FIELD AND POOL, OR WILDCAT Haystack Cisco
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 28-6S-R27E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4051		12. COUNTY OR PARISH CHAVES
		13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)

6/27/86 Spud hole
FRAC ABO ZONE 4,830 - 4,860' with 45,000 #
20/40 SAND AND SLICK WATER. STAND 24 hrs.

Swab Back 300 BBLs FRAC WATER, 10 BBLs
produce & water -

Good gas blows through out - Well zone ceased
to produce - Salt damage in formation
formed skin around casing and held back
entry

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD
PETER W. CHESTER

AUG 2 1990

BUREAU OF LAND MANAGEMENT
ROSSELL RESOURCE AREA

*See Instructions on Reverse Side