

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NW OIL CONS. COMM. ION
SUBMIT IN TRIPL
(Other instructions on re-
verse side)
Artesia, NM 88210

Form approved.
Budget Bureau No. 42-R1424.

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"/>	1982	5. LEASE DESIGNATION AND SERIAL NO. USA-NM-11795
2. NAME OF OPERATOR JACK GRYNBERG AND ASSOCIATES	O. C. D. ARTESIA, OFFICE	6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 1050 17th Street, Suite 1950, Denver, CO 80265		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FNL & 660' FEL		8. FARM OR LEASE NAME Hobbs Canyon Federal
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4118'	9. WELL NO. 4
		10. FIELD AND POOL, OR WILDCAT Pecos Slope Abo
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12, T 6 S - R 24 E
		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:		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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(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.)*

5/3/82 Perf. 3788'-91'; 3819'-32'; 3841'-45'. Acidized with 2000 gals MOD 101 + 1000 cuft N2/bbl. Ball action did not wor; will reacidize tomorrow.

5/4/82 Reacidized with 2000 gals MOD 101. Fraced with 25,000 gals gelled KCL Water, 11,800 gals liq. CO₂ + 48,000# Sand.

5/5/82 Flowing back.

5/6/82 Set RBP @3766'. Perf. 3673'-3686'. Acidized with 1500 gals MOD 101 + 1000 cuft N2/bbl. Flowed back.

5/7/82 Fraced with 20,000 gals gelled KCL water 10,000 gals liq. CO₂ + 34,000# Sand. Flowing back.

5/11/82 Retrieved Bridge Plug @3766'. Set cast iron bridge plug @3740'.

5/12/82 Flowing.

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

SIGNED

NANCY STOLTZ

TITLE

LAND MANAGER

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

