

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE*
(Other instructions on reverse side)

Form approved,
Budget Bureau No. 42-R1424.

Copy to 57

SUNDRY NOTICES AND REPORTS ON WELLS EXPLORATION

(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 checked="" type="checkbox"/> OTHER <input type="checkbox"/>		JUL 21 1978		5. LEASE DESIGNATION AND SERIAL NO. LC 064023	
2. NAME OF OPERATOR H & S Oil Company ✓		O. C. C. ARTESIA, OFFICE		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 216 American Home Bldg. - Artesia, New Mexico 88210				7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 330' FSL 2286' FEL of Section 13, T17S, R 27E.				8. FARM OR LEASE NAME Saunders	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3529		9. WELL NO. 12	
				10. FIELD AND POOL, OR WILDCAT Red Lake (Q.G.SA.)	
				11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 13, T17S, R27E	
				12. COUNTY OR PARISH Eddy	
				13. STATE N.M.	

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 checked="" 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) <u>Production String</u> <input checked="" type="checkbox"/>	
(Other) <input 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.)*

12/28/77 Ran 322' of New 8 5/8" casing cemented with 125 sacks of Class C cement and 2 sacks calcium chloride.

1/3/78 Ran 1850' of New 5 1/2" casing cemented with 225 sacks of Class C. cement. which circulates.

2/2/78 Fracture treatment (see attached report)

RECEIVED

JUL 14 1978

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED *A. L. Stinson* TITLE Partner DATE 7/4/78

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) ALBERT R. STALL TITLE ACTING DISTRICT ENGINEER DATE JUL 19 1978

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

SI1 ON TREATMENT REPORT



DWL 494-K PRINTED IN U.S.A.

DOWELL DIVISION OF THE DOW CHEMICAL COMPA.

DATE 2-6-1978

WELL NAME AND NUMBER SANDERS # 12	LOCATION Sec 13 T17S R27E	CUSTOMER REPRESENTATIVE	TREATMENT NUMBER 05-13-8121
POOL ROD Lake	FORMATION GRAYBURG	JOB DONE DOWN TUBING <input checked="" type="checkbox"/> CASING <input type="checkbox"/> ANNULUS <input type="checkbox"/>	ALLOWABLE PRESSURE TBG: 4000 CSG:
COUNTY EDDY	STATE NEW MEXICO	TYPE OF WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> INJ. <input type="checkbox"/>	AGE OF WELL NEW WELL <input checked="" type="checkbox"/> REWORK <input type="checkbox"/>
TYPE OF SERVICE WATER FREQ 20		TOTAL DEPTH 1842	CIRC. BHT.
NAME HANDS oil company		CASING SIZE 5 1/2 14	CASING DEPTH 1842
AND 216 AMERICAN HOME SEC. LIFE BLDG		LINE SIZE	LINEAR TOP-BOTTOM
ADDRESS ALBUQUERQUE, NEW MEXICO 87102	ZIP CODE 87102	PACKER TYPE M-8	PACKER DEPTH
		OPEN HOLE	CSG. OR ANNUL. VOL.
		TES VOLUME	STATIC BHT.

PERFORATED INTERVALS

DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
1536	12	1542			
1677	4	1679			
1716	8	1720			
1722	6	1725			

TIME	INJECTION		PRESSURE		SERVICE LOG
	RATE	BBLs IN	CSG.	TBG.	
					HOLD SAFETY MEETING & Hook up
1135		1/5.5			SPOT 1551 ACID AT 1550 move packer to 1498
1151				1700	pressure upon well Bkcke AT 1700 WATER
1152	3	5		1400	START ACID
1155	3	12		1400	START FLUSH WATER
1200				1100	SHUT DOWN - Bldg well OFF
1320					SPOT ACID 2 1/2 BBL FROM 1725-1659
1415					B.P.T 1886 pack AT 1654 pressure up on well
1418					Backe down AT 1600 psi
1422	1/2	5		1400	START ACID
1424	2	12		1400	START FLUSH
1430				1100	SHUT DOWN
					Bridge plug AT 1750 and packer AT 1686
1510					pressure up on well
1512	1/2			1500	Backe AT 1500
1512	2	5		1300	START ACID
1514	3	12		1450	START FLUSH
1519				1150	SHUT DOWN

WELL LOCATION	AVG. LIQUID INJ. RATE	ACQ. RATE PERCENT	TOTAL FLUID PUMPED OIL WATER	PROPS AND LIQUIDS INJECTED		
MAX. PRESS. OF	AVG. PRESSURE	FINAL FLOW RATE	SHUT IN PRESSURE IMMEDIATE 15 MINUTES	TYPE	SIZE OR PURPOSE	AMOUNT
DOWELL LOCATION	DOWELL REPRESENTATIVE					

STIMULATION TREATMENT REPORT



DA-494-1 PRINTED IN U.S.A.

DOWELL DIVISION OF THE DOW CHEMICAL COMPANY

DATE
2-6-1978

WELL NAME AND NUMBER SHUNDOH # 12	LOCATION SEC 13 T 17 S R 27 E	CUSTOMER REPRESENTATIVE	TREATMENT NUMBER 05-13-8121																								
POOL Red Lake	FORMATION GRABBYBUNG	JOB DONE DOWN TUBING <input checked="" type="checkbox"/> CASING <input type="checkbox"/> ANNULUS <input type="checkbox"/>	ALLOWABLE PRESSURE TBG: 4,000 CSG:																								
COUNTY EDDY	STATE NEW MEXICO	TYPE OF WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> INJ. <input type="checkbox"/>																									
TYPE OF SERVICE WATER FACE 20		AGE OF WELL NEW WELL <input type="checkbox"/> REWORK <input type="checkbox"/>	TOTAL DEPTH 1842 CIRC. BHT.																								
NAME H+S oil company		CASING SIZE 5 1/2"	CASING DEPTH 1842 TUBING SIZE 2 3/8 TUBING DEPTH 1654																								
AND 216 AMERICAN HOME SEC. LIFE BLDG.		LINEAR SIZE	LINEAR TOP-BOTTOM m-8 PACKER TYPE 1654 PACKER DEPTH																								
ADDRESS Alamosa, New Mexico 88210	ZIP CODE 88210	DEPT. HOLE	CSG. OR ANNUL. VOL. YES VOLUME STATIC BHT.																								
REMARKS: page II	<table border="1"> <thead> <tr> <th colspan="6">PERFORATED INTERVALS</th> </tr> <tr> <th>DEPT.</th> <th>NO. OF HOLES</th> <th>DEPTH</th> <th>NO. OF HOLES</th> <th>DEPTH</th> <th>NO. OF HOLES</th> </tr> </thead> <tbody> <tr> <td>1677</td> <td>18</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>1725</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			PERFORATED INTERVALS						DEPT.	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	1677	18					1725					
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DEPT.	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES																						
1677	18																										
1725																											
FOR CONVERSION PURPOSES 24 BBLs EQUALS 1000 GALLONS																											
ARRIVED ON LOCATION:																											

TIME	INJECTION		PRESSURE		SERVICE LOG
	RATE	BBLs IN	CSG.	TBG.	
1557					TEST LINING TO 5,500 PSI
1601	10	6		2300	START ACID
1603	20	24		2700	START PAD
1604	21	24		3200	START 2#/gal FIA 100
1605	21	24		3400	START SPACER
1606	21	24		3600	START 4#/gal FIA 100
1607	21	24		3500	START SPACER
1608	21	240		3400	START 1#/gal 20/40 SAND + L-35
1623	21	12		3200	OUT SAND START FLUSH + DROP 10 BBL SPACERS
1623	10	6		1400	START pad ACID
1624	20	24		3400	START PAD
1628	20	24		3500	START 2#/gal FIA 100
1628	20	24		3500	START SPACER
1629	20	24		3500	START 4#/gal FIA 100
1630	20	24		3500	START SPACER
1637	20	240		3700	START 1#/gal 20/40 SAND
1647	20	16		4000	START FLUSH
1648				1500	SHUT DOWN

TIME LEFT LOCATION	AVG. LIQUID INJ. RATE 16.5	ADJUSTED EFFICIENCY 17.5	TOTAL PUMPS PLUMED OIL 262	PROPS AND LIQUIDS INJECTED		
MAX. PRESSURE 4200	AVG. PRESSURE 3800	FINAL PUMP IN PRESSURE 3700	SHUT IN PRESSURE IMMEDIATE 1500 15 MINUTES 1200	TYPE	SIZE OR PURPOSE	AMOUNT
DOWELL LOCATION Alamosa, NM				DOWELL REPRESENTATIVE Billy J. Wood		
CALL BACK				W/F 20	FIBR FLUO	750 BBL
				15% HCl	ACID	12 BBL
				FIA 100	FIA	12,000 LB
				20/40 SAND	PAD	20,000 LB
				7/8 BALL	SPACERS	15 EA
				ALLOWABLE	TEST	ALLOWABLE

STIM TON TREATMENT REPORT



DWL-494-K PRINTED IN U.S.A.

DOWELL DIVISION OF THE DOW CHEMICAL COMPANY

DATE 2-7-1978

WELL NAME AND NUMBER SANDERS # 12	LOCATION SEC 13 T 179 R 27E	CUSTOMER REPRESENTATIVE	TREATMENT NUMBER 85-13-8121
POOL RED LAKE	FORMATION GRAY 1749g	JOB DONE DOWN TUBING <input checked="" type="checkbox"/> CASING <input type="checkbox"/> ANNULUS <input type="checkbox"/>	ALLOWABLE PRESSURE TBG: 4000 CSG:
COUNTY EDDY	STATE NEW MEXICO	TYPE OF WELL OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/> WATER <input type="checkbox"/> INJ. <input type="checkbox"/>	

AGE OF WELL
NEW WELL REWORK

TOTAL DEPTH
1842

CIRC. BHT.

CASING SIZE
5 1/2 14 1/2

CASING DEPTH
1842

TUBING SIZE
2 3/8

TUBING DEPTH
1520

LINEAR SIZE

LINER TOP-BOTTOM

PACKER TYPE

PACKER DEPTH
1524

OPEN HOLE

CSG. OR ANUL. VOL.

TBG VOLUME

STATIC BHT.

NAME **H & S oil company**

AND **216 AMERICAN HOME see life B 16g**

ADDRESS **ARTESIA new mexico 88210**

ZIP CODE

REMARKS: page III

PERFORATED INTERVALS					
DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES	DEPTH	NO. OF HOLES
1536	12				
1542					

FOR CONVERSION PURPOSES 24 BBLs EQUALS 1000 GALLONS

ARRIVED ON LOCATION: **0730**

TIME	INJECTION		PRESSURE		SERVICE LOG
	RATE	BBLs IN	CSG.	TBG.	
					HOLD SAFETY meeting
0935	7	40			CIRCULATE OF BRIDGE PLUG
1100			3,000		TEST BRIDGE PLUG AT 1600' packer at 1589' OK
					move packer TO 1524
1120					TEST LINES TO 5100 PSI
1123	10	6	3900		START PUMPING AID
1124	20	24	3500		START PROD
1125	20	24	3500		START 2 nd gal FLD 100
1126	20	24	3400		START SPACER
1127	20	24	3000		START 4 th gal FLD 100
1128	20	24	3,000		START SPACER
1129	20	240	3,000		START 1 st gal 20/40 + L 35
1140	20	15	2900		START FLUSH
1142			1400		SHUT DOWN

TIME LEFT LOCATION	AVG. LIQ. COLD INJ. RATE 19.8	ADJUSTABLE (SOLVENT) 21	TOTAL FLUID PUMPED OIL 328	PROPS AND LIQUIDS INJECTED		
MAX. PRESSURE 3950	AVG. PRESSURE 3,000	FINAL PUMP IN PRESSURE 3950	SHUT IN PRESSURE IMMEDIATE 1400 15 MINUTES 1100	TYPE HF 20 WATER	SIZE OR PURPOSE FRAC FLUID	AMOUNT 372 BBL
DOWELL LOCATION ARTESIA new mexico			DOWELL REPRESENTATIVE B. D. WOODS			6 BBL
						L-35
						50 LB

CALL DATE	CALL TIME	CALLER	REASON FOR TREATMENT	PROB. AFTER TREATMENT
			ES	ALLOWABLE