

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRILICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

215F

RECEIVED BY  
O. C. D.  
ARTESIA, OFFICE  
APR 13 1987

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back directional wells.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	5. LEASE DESIGNATION AND SERIAL NO. NM-45223
2. NAME OF OPERATOR Boyd & McWilliams Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 704 Western United Life Bldg., Midland, Texas 79701	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 710' FNL & 1503' FWL of Section 6	8. FARM OR LEASE NAME Empire Federal
14. PERMIT NO. 30-015-25725	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3651' Gr.	10. FIELD AND POOL, OR WILDCAT Grbg. Jackson (SR, Qn, Grbg, SA)
	11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA Sec. 6, T17S, R29E
	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"/>	WATER SHUT-OFF	<input checked="" type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETION	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANE	<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.\*

3/25/87 - Rigged up pulling unit. Perforated the Penrose Sd. @1808', 1811', 1815', 1817', 1819', 1821', & 1824' w/4 shots/ft. Went in hole w/retrievable bridge plug & RTTS pkr. Set plug @ 1890', pkr. @ 1850'. Tested BP to 2000 psi, released pkr., pulled up & spotted 50 gals. 10% NEFE acid across perfs. Pulled up & set pkr. @ 1750'. Acidized w/2000 gals. 10% NEFE.

3/26/87 - Treated perfs. fr. 1808-1824' w/11,087 gals. Nitrogen foam, 18,000 lbs. 12/20 sd. & 5250 lbs. 8/16 sd.

3/27/87 - TP 450 psi. CP 700 psi. Opened well & flowed KCL wtr., oil & gas. Swabbed approx. 4 bbls. fluid/hr., 20% oil. Shut down.

3/30/87 - TP 350 psi. CP 450 psi. Waiting on pumping unit.

4/02/87 - Well shut in, waiting on pumping unit.

ACCEPTED FOR RECORD

T.D. 2478'.

APR 8 1987

C.S.

CARLSBAD, NEW MEXICO

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

SIGNED <u>David Goodrum</u>	TITLE <u>Agent</u>	DATE <u>4/3/87</u>
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(This space for Federal or State office use)

APPROVED BY _____	TITLE _____	DATE _____
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CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side