

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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

5. LEASE DESIGNATION AND SERIAL NO.
NM 029301

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

2. NAME OF OPERATOR
Kerr-McGee Corporation

3. ADDRESS OF OPERATOR
U.S. Onshore Region, Box 25861, Oklahoma City, OK 73105

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
NW SE 1650' FSL & 1650' FEL

14. PERMIT NO. 30-015-10323

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3735' KB 3722' GR

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
X

8. FARM OR LEASE NAME
Martha Creek Gas Co.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Indian Basin (Upper Penn Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 30, T21S, R24E

12. COUNTY OR PARISH
Eddy

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 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) <input type="checkbox"/> | * <input checked="" 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.)*

* Isolate tubing leak in long string with permanent tubing plug.

10-21-87 SITP 1700 psig (lower zone), SITP 220 psig (upper zone), SICP 1700 psig (7" csg), SICP 60 psig (9-5/8" csg.). Bled 9-5/8" csg to 0 psig. TIH with CCL and 1.800" O.D. gauge ring. Baker Model K packer at 7269' WLM. Baker locator sub at 9095' WLM. Bottom 5' of prod. tube at 9102' WLM. TOH. TIH and set Baker Model "N" wireline bridge plug at 9101' WLM. TOH. Open 7" casing to atmosphere. Bled to 0 psig in 1/2 hr. 2-3/8" long string followed suite. Install 24 hour chart recorder on upper and lower zone. Witnessed by John Robinson, N.M. Energy & Minerals Dept.

10-22-87 Check press. SITP on lower zone and 7" casing was 0 psig. SITP on upper zone was 220 psig. Mike Williams, N.M. Energy & Minerals Dept., witnessed final pressure. Closed all tree valves, chained and locked tree.

ACCEPTED FOR RECORD
NOV 12 1987
SJS
CARLSBAD, NEW MEXICO

RECEIVED
NOV 4 11 00 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

cc: State of New Mexico
Oil Conservation Commission
P. O. Drawer DD
Artesia, NM 88210

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

SIGNED G. Bunas TITLE Analyst II DATE 10-28-87

(This space for Federal or State office use)

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