

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on re-
verse side)

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

3. LEASE DESIGNATION AND SERIAL NO

LC-060581

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

J. T. Caudle Gas Comm.

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Bagley-Upper Penn Gas

11. SEC., T., R., M., OR BLM. AND
SURVEY OR AREA

Sec. 3, T12S, R33E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer D, Monument, New Mexico 88265

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)

At surface

660' FNL & 660' FWL.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)

4253' DF

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) Set plug & resume prod.

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.)*

5-1 to 5-7-89

MIRU pulling unit, installed BOP & TOH w/tbg. & pkr. TIH w/junk basket w/4.34" OD gauge ring on wireline to 9710'. TOH w/tools. Ran Alpha 4.24" OD CIBP set at 9700'. Dumped 7 sks. cement in 5-1/2" csg. for 50' of cement cap on top of CIBP. Ran 5-1/2" x 2-3/8" Md. R dbl. grip pkr. on 2-3/8" tbg. testing tbg. on TIH. Removed BOP & installed X-mas tree. Set tbg. OE at 8509' & pkr. at 8503'. Press. up on 5-1/2" csg. to 600#. Acidized Upper Penn Zone 5-1/2" csg. perf. fr. 8568' - 8632' w/1000 gal. 15% NEFE HCL dbl. inh. acid. Swab tested & resumed flowing well.

Test of 5-26-89: Flowed 22 MCFGPD, no fluid, in 24 hrs. on 12/64" choke. Tbg. press. 45#.

RECEIVED
JUN 2 11 03 AM '89
CARLSBAD AREA OFFICE

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

SIGNED

R. L. Whelan, Jr.

TITLE Supv. Adm. Svc.

DATE 5-31-89

This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SJS

CARLSBAD, NEW MEXICO

*See Instructions on Reverse Side

Bagley Lower Penn ZA