

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.
Use "APPLICATION FOR PERMIT-" for such proposals

5. Lease Designation and Serial No.

LC 062178

Fed

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

Milnesand Unit

1. Type of Well

Oil Gas
☐ Well ☐ Well ☒ Other INJECTION

8. Well Name and No.

54

2. Name of Operator

MAERSK ENERGY Inc.

9. API Well No.

30-041-00251

3. Address and Telephone No.

2424 Wilcrest, Suite 200, Houston, TX 77042-2753, 713/783-0376

10. Field and Pool, or Exploratory Area

Milnesand (San Andres)

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

Unit Letter H: 2050' from the North Line and 660' from the East Line SE NE Sec. 13
Township 8S, Range 34E

11. County or Parish, State

Roosevelt County, New Mexico

12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☒ Notice of Intent
☐ Subsequent Report
☐ Final Abandonment Notice

TYPE OF ACTION

- | | |
|--|--|
| <input type="checkbox"/> Abandonment | <input type="checkbox"/> Change of Plans |
| <input type="checkbox"/> Recompletion | <input type="checkbox"/> New Construction |
| <input type="checkbox"/> Plugging Back | <input type="checkbox"/> Non-Routine Fracturing |
| <input type="checkbox"/> Casing Repair | <input type="checkbox"/> Water Shut-Off |
| <input type="checkbox"/> Altering Casing | <input type="checkbox"/> Conversion to Injection |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Dispose Water |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

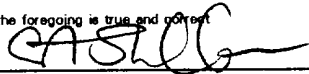
13. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

MAERSK proposes to clean-out, reperforate and acid stimulate this Milnesand (San Andres) Unit Injection Well using the following thru-tubing procedure:

- 1) Clean out well to PBTD with coiled tubing.
- 2) Spot 3 BBLS of S444 converter chemicals (calcium sulfite removal).
- 3) Acidize well with 2500 gallons 15% HCL acid using pressure fluctuation tool on coiled tubing.
- 4) Place well back in service.

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

Signed



Title

George Sheffer
Drilling Manager

Date

May 17, 1993

(This space for Federal or State office use)

Approved by

FOR RECORD ONLY

Title

OCD

MAY 21 1993

Conditions of approval, if any:

OIL CONSERVATION DIVISION

DISTRICT II

P.O. Drawer DD, Artesia, NM 88210

P. O. Box 1088
Santa Fe, New Mexico 87504-2088

DISTRICT III

1000 Rio Brazos Rd., NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator MAERSK ENERGY Inc.	Well API No. 30-041-00251 ✓
Address 2424 Wilcrest, Suite 200, Houston, Texas 77042-2753	
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transport of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Active Injection
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of operator give name
and address of previous operator Xeric Oil & Gas Company, P. O. Box 51311, Midland, Texas 79710

II. DESCRIPTION OF WELL AND LEASE

Lease Name Milnesand Unit	Well No. 54	Pool Name, Including Formation Milnesand-San Andres	Kind of Lease <u>FEDERAL</u> State, Federal or Fee	Lease No. LC 062178
Location Unit Letter <u>H</u> : <u>2050</u> Feet From The <u>North</u> Line and <u>660</u> Feet From The <u>East</u> Line SE NE Section <u>13</u> Township <u>8S</u> Range <u>34E</u> NMPM County <u>Roosevelt</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <u>None - Injection well</u>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transport of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rgr.	If gas actually connected?	When?

If this production is commingled with that from any other leases or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run to Tank	Date of Test	Producing Method	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - BBLs	Water - BBLs	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-In)	Casing Pressure (Shut-In)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Dorothy Duvall
Signature
Dorothy Duvall Tech. Admin. Asst., Regulatory Affairs
Printed Name
FEB 23 1993
Date
713/783-0376
Telephone No.

OIL CONSERVATION DIVISION

DATE 23 1993
Date Approved
By ORIGINAL SIGNATURE BY JERRY SEXTON
DISTRICT I SUPERVISOR
Title _____

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.