

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 060978**

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

**Milnesand Unit**

**SUBMIT IN TRIPLICATE**

1. Type of Well

Oil                      Gas  
☐ Well                  ☐ Well                  ☒ Other **INJECTION**

8. Well Name and No.

**24**

2. Name of Operator

**MAERSK ENERGY Inc.**

9. API Well No.

**30-041-10147**

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 J: 1980' from the South Line and 1980' from the East Line NW SE Sec. 19  
Township 8S, Range 35E**

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) **Perforate San Andres with 4SPF using a thru tubing gun from:**

**4652 - 4658  
4670 - 4678  
4697 - 4713  
4719 - 4724**

- 4) **Acidize well with 2500 gallons 15% HCL acid using pressure fluctuation tool on coiled tubing.**
- 5) **Place well back in service.**

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

Signed

*George Sheffer*

Title

**George Sheffer  
Drilling Manager**

Date

**May 7, 1993**

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any: