

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
N. M. OIL GASES COMMISSION
HOBBS, NEW MEXICO 88240

Budget Bureau No. 1004-1
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
NM 0328425
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
EP Operating Company
3. ADDRESS OF OPERATOR
6 Desta Drive, Suite 5250, Midland, TX 79705-5510
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FNL & 1980' FWL, Section 27, T8S, R36E

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4083' GR

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
N. M. (55) Federal
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Vada Pennsylvanian
11. SEC., T., S., R., OR BLK. AND SURVEY OR AREA
Sec. 27, T8S, R36E
12. COUNTY OR PARISH 13. STATE
Roosevelt NM

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐ Recompletion ☒ X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☐
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(Other) ☐

(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.)

Start June 22, 1988. Abandon Penn perforations 9745'-63' with a CIBP at 9650' and cap with 35' of cement. Perforate the Wolfcamp formation from 9040' to 9092'. Acidize with approximately 10,000 gallons acid and swab test.

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

SIGNED S. D. Reed
(This space for Federal or State office use)

TITLE Production Superintendent

DATE 6/22/88

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

