

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
verse side)

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

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> Ref.: Temporary suspension of production effective 11-1-86.		5. LEASE DESIGNATION AND SERIAL NO LC-064605	
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Drawer D, Monument, N.M. 88265		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1538' FEL & 1983' FNL		8. FARM OR LEASE NAME Federal "B"	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3810' DF		10. FIELD AND POOL, OR WILDCAT Bronco Mississippian	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11, T13S, R38E	
		12. COUNTY OR PARISH Lea	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) (Zone change)	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

Plan to MIRU pulling unit & swab test Mississippian Zone 7" csg. perf. fr. 11132' - 11138' & 11146' - 11160'. Pull tbg. & pkr. & run bit to PBD at 11665'. Run GR-CCL-CNL fr. 11665' to 8500'. TIH w/CIBP, pkr. & tbg. & set CIBP at 11000'. Dump 6 sks. of cement on top to CIBP for 35' of fill. Swab fluid level to 4000'. Run 4" csg. gun & perf. Wolfcamp Zone 7" csg. fr. 9487' - 9490' & 9500' - 9521' w/2SPF. Swab test. Acidize Wolfcamp Zone 7" csg. perf. w/2000 gal. 15% dbl. inh. HCL & overflush w/15 bbls. Swab test & place on production.

RECEIVED

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

SIGNED R. L. Whelan Jr. TITLE Supv. Adm. Svc. DATE 4-3-87

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE 4-8-87
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side