

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIP
(Other instructions
reverse side)

TS-
re

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

3. LEASE DESIGNATION AND SERIAL NO.

LC-064605-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "A"

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Bronco Sil-Dev.

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

Sec. 14, T13S, R38E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

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.)

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 & 1274.18' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether OF, ST, OR, etc.)

3810' 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 PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

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.)*

Connected electrical power & began pumping well at 2:00 P.M. on 8-10-89. Shut well in due to pounding. Spaced out pump & resumed pumping well on 8-11-89.

Test of 8-13-89: Pumped 113 b.o., 176 b.w. & 0 MCFGPD on 7 x 168" SPM in 24 hrs.

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

SIGNED

TITLE Supv. Adm. Svc.

DATE 8-14-89

(This space for Federal or State office use)

APPROVED BY

(ORIG. SCD) DAVID R. GLASS

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side