

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER TA'd		3. LEASE DESIGNATION AND SERIAL NO. LC-064605-A
2. NAME OF OPERATOR Amerada Hess Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Drawer D, Monument, New Mexico 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 660' FNL & 1274.18' FEL		8. FARM OR LEASE NAME Federal "A"
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, ST, GR, etc.) 3810' DF		10. FIELD AND POOL, OR WILDCAT Bronco Sil-Dev.
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 14, 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

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

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.)*

Plan to MIRU pulling unit. Run CNL-GR correlation strip across Devonian Zone fr. 11,870' - 11,300' or minimum. Perf. Devonian Zone 5-1/2" csg. fr. 11,800' - 11,728' or according to CNL-GR w/shot density of 2 SPF using Hollow Carrier gun. TIH w/tbg. & stimulation pkr. & set pkr. at 11,690'. Swab test & evaluate. If necessary, acidize Devonian Zone w/3000 gal. acid. Swab back load. Swab test new Devonian Zone perfs. & place well back on production if economical. If new zone is uneconomical, move pkr. to 11,400' & conduct csg. integrity test to continue TA status for possible conversion to SWD well.

Refer: Letter dated May 16, 1989.

RECEIVED
JUN 11 11 11 AM '89

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

SIGNED

S. A. Greer

TITLE District Engineer

DATE 5-31-89

(This space for Federal or State office use)

APPROVED BY

[Signature]

FOR:

TITLE

CHIEF ENGINEER

DATE

6 23 89

*See Instructions on Reverse Side