

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions
verse side)

DEPARTMENT OF THE INTERIOR

Modified Form No.

MYO-3160-4

30-025-25862

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.)

5. LEASE DESIGNATION AND SERIAL NO.
NM 12413-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Sun McKay Fed.

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Upper Bone Springs

Morrow

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

S10, 19S, 32E

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

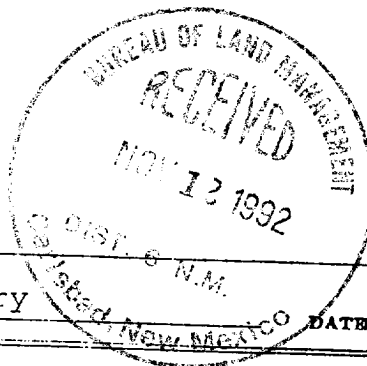
ALTERING CASING

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 perti-
nent to this work.) *

1. Cement squeeze perforations 8596' - 8610' with 150 sxs cement.
2. Drill out cement and cement retainer @ 8789', pressure test casing to 1000 psi for 30 min, held OK.
3. Run 2 3/8" tbg SION. Tubing pressure 1500 psi.
4. Flowed 375 MCF with show of condensate in 6 hrs. 20/64" choke @ 625 lb tubing pressure, 24 hr rate 1500 MCF per day. Flowing from original Morrow Formation perforations 12778' to 13052'.
5. Preparing to put well on sales line.



I hereby certify that the foregoing is true and correct

SIGNED Patti Fletcher TITLE Secretary

DATE 11-10-92

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

8 1992

SJS

*See Instructions on Reverse Side