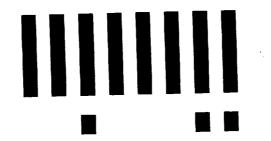
Form 3160-5 (November 1983) Formerly 9-331)	UN'S ED STATE DEPARTME OF THE BUREAU OF LAND MA	E INTERIOR :	C'BMIT IN TRIF Other instructio erse side)	'ATE' E	Budget Bureau No. 1004—1138-225
	NDRY NOTICES AND RESIDENT OF THE PROPERTY OF T	epen or plug back to	WELES ES a different reservoir.		INDIAN, ALLOTTEE OR TRIBE NAME
WELL GAS	OTHER Recomplete	0ct 2	2    14 AN	93 7. UNI	T AGREEMENT NAME
	roleum Inc.	QAN.		- I	e Sam 25 Federal Com
	ienfeld Place, Suite 58			9. was	
LOCATION OF WELL (     See also space 17 bel     At surface	Cort	oin So. Wolfcamp			
1980' F:	SL & 660' FWL				25, T-18-S, R-32-E
14. PERMIT NO. 30-025-2		now whether DF, RT, GR.	etc.)		UNTY OR PARISH 13. STATE
16	Check Appropriate Box To	Indicate Nature	of Notice, Report	t, or Other De	ata .
	NOTICE OF INTENTION TO:			BUBSEQUENT REP	ORT OF:
TEST WATER SHUT-OF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	MULTIPLE COMPLETE ABANDON* CHANGE PLANS	i	outpietton or n	results of multi	ALTERING CASING ABANDONMENT*  pie completion on Well bort and Log form.)
1. MIRU WSU. IN 2. PULL ALL TEST 3. SET CIBP @ 11 4. PERFORATE 5 1 5. PERFORATE BLO 125 SX CEMEN 6. PERFORATE BLO 7. SQUEEZE HOLES 8. DRILL OUT ALL 9. PERFORATE WOL 10. ACIDIZE W/ 50 BACK LOAD.	NSTALL BOP. TEST BOP TO PACKERS & TUBING FROM 1,800'. DUMP 35 SX CEM 1/2" CASING @ 11,140' & POCK SQUEEZE HOLES @ 10, POC	TO 2000# PSI. I STRAWN ZONE MENT ON CIBP. I 9450'. ATTI 1980'. SET CI 1785. SQUEEZI 17	EMPT TO CIRCU EMENT RETAINE E WITH 50 SX O# PSI. EEZE TO 2000# ES CIDIZE WITH 2	JLATE BEHIER @ 10,95 CEMENT TO PSI.	ND CASING. COULD NOT 5'. SQUEEZE WITH 4200# PSI.
18. I hereby certify that	the foregoing is true and correct	PLETED 10/15/		ACCEPTE	1 2 2 1993  MEXICO
signed KENNETH	E. STULL SINAME Stuly	Geologi:	st ring Technic	ian Da	October 21, 1993
(This space for Feder	al or State office use)				
CONDITIONS OF AP		TITLE		DA	ATE







**Job separation sheet** 

Form 9-331 (May 1963)

WELL X

WELL

## UNITED STATES DEPARTMENT OF THE INTERIOR (Other instructions on reverse side)

SUBMIT IN TRIPLICATE\*

Form approved.\_ Budget\_Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NM 452251

17.5

IINDRY	NOTICES	AND	<b>REPORTS</b>	ON	WELLS	
	1401165	$\sim$ 110	WEI OWIS	$\mathbf{v}$	**	

S 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.)

GEOLOGICAL SURVEY

7. UNIT AGREEMENT NAME: " (g 🗏 g

8. FARM OR LEASE NAME -

É ≓ ∧

2. NAME OF OPERATOR V-F Petroleum Inc 3. ADDRESS OF OPERATOR

OTHER

Uncle Sam 25 Federal Com 9. WELL NOW 3

One Marienfeld Place, Suite 530, Midland, TX 79701

LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*
See also space 17 below.)

At surface

10. FIELD AND POOL, OR WILDCAT Querecho Plains U. Bone SPR 11. SEC., T., B., MT, OR BLK. AND CUrrent

1930' FSL & 660' FWL

Sec. 25, 4818-\$, 4R-32-E

14. PERMIT NO. 30-025-28440 15, ELEVATIONS (Show whether DF, RT, GR, etc.)

12. COUNTY OR FLEISH 13. STATE

SUBSEQUENT REPORT OF 5

16.

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

PULL OR ALTER CASING TEST WATER SHUT-OFF MULTIPLE COMPLETE

NOTICE OF INTENTION TO:

WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING

REPAIRING WELL ALTERING CASING

ASANDON MENT

1 E

Ξ

FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL

(Other)

ABANDON\*

(Other) . (Note: Report results of multiple completion on Well - Completion or Recompletion Report and Log form.)

1,000

- 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.)
- 1.) Moved in WSU, removed all production equipment.
- 2.) Squeezed Bone Springs perforations 3604'-8644' with 150sx cement. 3,000# nsi.
- 3.) Drilled out cement & cleaned out wellbore to 12600'.
- 4.) Perforated Strawn porosity 12174'-12240'.
- 5.) Acidized Strawn porosity with 3,500 gal HCl acid.
- 6.) Swabbed fluid level down to 11500'.
- 7.) After acid load was recovered, chloride content of water was 81,000 PPM (equal to: Strawn formation water in this area.) Oil content was 10%.
- 8.) Shut down for approval to test Wolfcamp zone.

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18. I hereby certify that the foregoing is true and correct SIGNED LIMITED	Geologist TITLE Engineering Technician	DATE September 24, 193
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE