

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

88240

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Pacific Enterprises Oil Company (USA)

3. ADDRESS OF OPERATOR

P. O. Box 3083, Midland, Texas 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below)

At surface

330' FSL & 1980' FEL

Unit 3

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3647.2' GR

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 PLAT

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Drill Stem Test #1 2

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

17. ENSURE PROPERLY OR COMPLETE OPERATIONS. Check all pertinent details, and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface location, and measured and true vertical depth, for all markers and zones pertinent to this work.*

Drill Stem Test #2: Brushy Canyon 7065-99'

Open tool @ 11:50 PM 12-4-89

First Flow: 10 mins IFP 115 psi, FFP 124 psi

First Shut-in: 60 mins ISIP 229 psi

Second Flow: 90 mins IFP 162 psi

Second Shut-in: 4-1/2 hrs FSIP 2893 psi

Drill Pipe Recovery: 764' (3.7 bbl) mud and mod. oil & gas cut mud

Sample Chamber Recovery:

120 cc oil

1640 cc mud

200 cc oil & gas cut mud emulsion

Sample Chamber Pressure: 146 psi

*Initial shut in pressure is questionable

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

SIGNED *C. Robert M. Kelly*

TITLE

Operations Engineer

DATE 12-5-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side