

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLE  
(Other instructions  
verse 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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 052	
2. NAME OF OPERATOR PENNZOIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Drawer 1828, Midland, TX 79702-1828		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  554' FEL & 554' FSL of Section 35, T-19-S, R-34-E		8. FARM OR LEASE NAME Mescalero Ridge Unit	
14. PERMIT NO. API #30-025-23503		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3700.5 GL		10. FIELD AND POOL, OR WILDCAT Lea Delaware, Northeast	
		11. SEC., T., R., OR BLK. AND SURVEY OR AREA Sec. 35, T-19-S, R-34-E	
		12. COUNTY OR PARISH Lea	
		13. STATE NM	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Install rod pump</u> <input checked="" type="checkbox"/>	

(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.)\*

9-23-86: MIRU. Kill well with 50 bbls 2% KCL water. TOH with tubing and packer. TIH with anchor and tubing. Set anchor at 5790 with 12,000# tension.

9-24-86: GIH with 2 x 1-1/4" x 24' bhd pump and rods. Spaced out pump and placed on production.

9-25-86: 19 hour test. 75 BO, 2 BW, 169 MCF.

ACCEPTED FOR RECORD

OCT 20 1986

CARLSBAD, NEW MEXICO

OCT 07 1986

MOBES, NEW MEXICO



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

SIGNED Mark Shumway

TITLE Engineer

DATE 10-2-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

RECEIVED  
OCT 27 1986  
FBI - CHICAGO