

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM 052

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Pennzoil Company		8. FARM OR LEASE NAME Mescalero Ridge Unit	
3. ADDRESS OF OPERATOR P. O. Drawer 1828, Midland, Texas 79702		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 554' FEL & FSL of Sec. 35, T-19-S, R-34-E		10. FIELD AND POOL, OR WILDCAT Lea Bone Spring	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-19-S, R-34-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3700.5 GL		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:

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 PLANS	<input type="checkbox"/>
(Other) Recomplete	<input checked="" type="checkbox"/>		

SUBSEQUENT REPORT OF:

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)	<input 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.)*

I. Propose Recompletion in Upper Bone Spring as follows:

1. Plug Lower Bone Spring perfs @ 9,580' w/ 4-1/2" CIBP and 35' cement cap.
2. Perforate Upper Bone Spring as follows:
9399' - 9410' 9397' - 9408'
9423' - 9426' 9421' - 9424'
9435' - 9443' 9433' - 9441'
9449' - 9453' 9447' - 9451' (total of 30 holes)
3. Stimulate, swab load, and test.

~~II. If Upper Bone Spring Recompletion is unsuccessful, will recomplete in Delaware as follows:~~

- ~~1. Plug Bone Spring perfs @ 9,380' with 4-1/2" CIBP and 35' cement cap.~~
- ~~2. Perforate from 5,780' - 5,825' (36 holes).~~
- ~~3. Stimulate, swab load, and test.~~

*Delete - R.R. for
Pete Rodriguez*

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

SIGNED *Francisco P. Rodriguez*

TITLE Adv. Engr. Tech.

DATE 11-5-85

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

11-21-85

*See Instructions on Reverse Side

RECEIVED

NOV 22 1985

OFFICE