

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co
P.O. Box 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993
5. Lease Designation and Serial No.
NM-086
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 reentry to a different reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well
☐ Oil Well ☐ Gas Well ☒ Other

2. Name of Operator

Subsurface Water Disposal

3. Address and Telephone No.

P.O. Box 1002, Hobbs, NM 88240

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

610' FSL and 1880' FWL
Sec. 25, Twp. 19 So., Rge. 34 East

7. If Unit or CA, Agreement Designation

8. Well Name and No.

Government 'E' #1

9. API Well No.

30-025-23708

10. Field and Pool, or Exploratory Area

Lea Bone Spring

11. County or Parish, State

Lea Co., NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

☐ Notice of Intent
☒ Subsequent Report
☐ Final Abandonment Notice

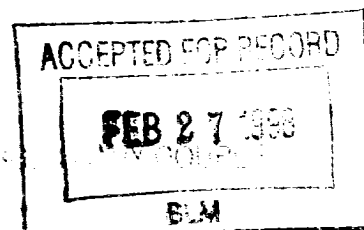
TYPE OF ACTION

☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Test Tubing and acidize
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

13. 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) Pull and pressure test tubing for leak
- 2) Make bit and scraper trip to PBTD
- 3) Perforate and acidize Bone Spring intervals 10,223 - 10,238 W/2500 gallons⁽¹⁾
- 4) Run injection test on Bone Spring intervals 9716 - 46 and 10,223 - 10,238⁽¹⁾
- 5) Set packer and return to salt water disposal service



- 1) Both of these intervals are covered under OCD order # SWd-559

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

Signed

Samuel B. ...

Title

Vice President

Date

2-09-98

(This space for Federal or State office use)

Approved by

Title

Date

Conditions of approval, if any

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

*See Instruction on Reverse Side