N.M Oil Cons
Dr [illegible] 1980
Hobbs, NM 882[illegible]

Form 3160-5
(June 1990)

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

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

5. Lease Designation and Serial No.: NM-086

6. If Indian, Allottee or Tribe Name:

7. If Unit or CA, Agreement Designation:

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

8. Well Name and No.: Government 'E' #1

2. Name of Operator: Subsurface Water Disposal

9. API Well No.: 30-025-23708

3. Address and Telephone No.: P.O. Box 1002, Hobbs, NM 88240

10. Field and Pool, or Exploratory Area: Lea Bone Spring

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

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	TYPE OF ACTION	
☒ Notice of Intent	☐ Abandonment	☐ Change of Plans
☐ Subsequent Report	☐ Recompletion	☐ New Construction
☐ Final Abandonment Notice	☐ Plugging Back	☐ Non-Routine Fracturing
	☐ Casing Repair	☐ Water Shut-Off
	☐ Altering Casing	☐ Conversion to Injection
	☒ Other Test Tubing and acidize	☐ 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) Re-perforate and acidize Bone Spring interval 10,223-10,238 w/2500 gallons.(1)
4) Run injection test on Bone Spring interval 9716-46(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 [signature] Title Vice President Date 1/23/98

(This space for Federal or State office use)

Approved by (ORIG. SGD.) LES BABYAK Title PETROLEUM ENGINEER Date FEB 13 1998

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