

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COMMISSION
SUBMIT IN TRIPL
(Other Instructions)
HOBBY, NEW MEXICO 88240

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM 9218

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
Newbourne Oil Company

3. ADDRESS OF OPERATOR
P. O. Box 7698, Tyler, Texas 75711

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1650' FSL & 330' FEL

RECEIVED
DEC 20 1982
OIL & GAS
MINERALS MGMT. SERVICE
ROSWELL, NEW MEXICO

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Federal "F"

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Querecho Plains - Queen
Associated Pool

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
22-18S-32E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3761.3' GL

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) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input checked="" 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.)*

12/7/82
Perforated Penrose @ 4090-98', 4120-25', 4128-30', 4134-51' w/36 holes.

12/8/82
Western Acidized w/3000 gals 15% NE-FE Hcl w/15 gal XR-2L + 3 gal I-10B, flushed w/18 bbl KCL water. Avg Inj Rate: 5.6 avg press 3200#, Max press 3800#, ISIP 900#, 5 min 600#.

12/9/82
Acidized Penrose w/3000 gal 15% NE-FE acid. Avg Inj Rate: 5.2 BPM, avg press 3000#, max press 6400#. Fracture treated Penrose w/40,000 gals Minmax III-30 + 24,000# 20/40 + 56,000# 12/20 sand. Flushed w/64 bbl KCL water. Avg Inj Rate: 32 BPM, max 34 BPM, Avg press 2200#, Max press 2500#, Min 1800#, ISIP 1600#, 10 min 1300#.

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

SIGNED Peter W. Chester TITLE Exploration Secretary DATE Dec. 10, 1982

(This space for Federal or State use only)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
SEP 29 1983

*See Instructions on Reverse Side

RECEIVED

OCT 3 1983

O.C.D.
HOBBS OFFICE