

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

N. M. OIL AND GAS COMMISSION
SUBMIT IN TRIPL
(Other instructions
reverse side)

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

NM-24166

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 POE PROPERTIES, INC.		8. FARM OR LEASE NAME SPRINKLE FEDERAL	
3. ADDRESS OF OPERATOR P. O. Box 9769, Fort Worth, Texas 76102		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface INI. & 330' FEL of Section (NE 1/4 NE 1/4) (Unit A)		10. FIELD AND POOL, OR WILDCAT Scharb - Wolfcamp	
14. PERMIT NO. --		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 9-19S-35E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3865' G.L.		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) <input 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"/>	Completion <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.)*

On 1-23-84, well was perforated as follows:

Upper Wolfcamp	10,544 - 10,560' (16')	17 holes
Lower Wolfcamp	10,662 - 10,666' (4')	5 holes
	10,668 - 10,678' (10')	11 holes

On 1-24-84, isolated lower perfs (10,662 - 10,678') and treated with 1000 gal acid. Recovered water (no oil).

On 1-27-84, set retrievable BP at 10,600' and treated upper perfs (10,544 - 10,560') with 4000 gal acid.

On 24-hour pumping test 2-9/10-84, well made 184 barrels of oil and 4 barrels of drilling fluid with 168 MCF of gas.

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

SIGNED James A. Knaut

TITLE Agent

DATE 2-24-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 29 1984

*See Instructions on Reverse Side

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