

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
HOOVER, NEW MEXICO 88240

SUBMIT IN TRIPL  
(Other instructions  
reverse side)

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

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-056376
2. NAME OF OPERATOR PENNZOIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Drawer 1828, Midland, TX 79702-1828		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 510' FSL & 990' FEL of Section 30, T-19-S, R-34-E		8. FARM OR LEASE NAME Mescalero "30" Federal
14. PERMIT NO. API #30-025-29266		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3650' GR, 3668' RKB		10. FIELD AND POOL, OR WILDCAT Apache Ridge (Bone Spring)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 30, T-19-S, R-34-E
		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 COMPLETION <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) <u>Recompletion Diff. Pool</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)\*

Operation: Isolate Bone Spring between packers and produce Morrow.

3/04/86 Commenced recompletion.

3/06 to POOH w/2-3/8" tubing and anchor catcher leaving Lok-set packer at 13,150'.

3/17/86 Scraped 5-1/2" casing with 4-3/4" bit. Bailed approximately 60' sand from 5-1/2" casing. Cleaned to retrievable Lok-set casing packer at 13,150'.

3/18 to TIH with Baker seal assembly, 2-3/8" tubing and 5-1/2" Baker #45-A4 Model FH packer spaced on tubing for setting at 9247'. Tied into tubing receptacle on packer set at 13,150'. Bone Spring isolated between packers at 13,150' and 9247'.

3/24 to Flowed well.  
3/25/86

3/26/86 Flowed 980 MCF, 40 BC, 0 BW in 24 hours on 18/64" choke at 575 FTP.  
Recompletion finished. FINAL REPORT.

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

SIGNED James P. Rodriguez

TITLE Adv. Engr. Tech.

DATE 3/26/86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

ACCEPTED FOR RECORD

\*See Instructions on Reverse Side

MAR 31 1986

CARLSBAD, NEW MEXICO

RECEIVED  
APR 1 - 1986  
O.C.D.  
HOBBBS OFFICE