

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions on Re-
verse 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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Mitchell Energy Corporation

3. ADDRESS OF OPERATOR
400 W. Illinois, Ste 1000, Midland, TX 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
660' FNL and 660' FWL (NW/NW) unit A

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3576' GR

5. LEASE DESIGNATION AND SERIAL NO.
NM 67111

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
NA

7. UNIT AGREEMENT NAME
NA

8. FARM OR LEASE NAME
Geronimo Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Gem (Bone Spring)

11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA
Sec 31, T19S, R33E

12. COUNTY OR PARISH
Lea

13. STATE
NM

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 PLANT	<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.)

- 5/2/90 POOH w/2 7/8" tbg. Perfed 1st Bone Spring sand from 9254'-77' (1 SPF).
- 5/5/90 Set RBP @ 9356'. PU and set pkr @ 9136' and acidized w/2000 gal 15% NEFE @ 4.2 BPM and balled out.
- 5/8/90 Fraced well down csg w/66,000# 16/30 Ottawa + 20,000# 16/30 Super DC Sand and 37,600 gal gel.
- 5/10/90 Put well on production.
- 6/15/90 POOH w/rods and tbg. Retrieved RBP and put well on pump. Producing from perfs between 9254'-10,002'.

ACCEPTED
[Signature]

RECEIVED
JUL 3 10 52 AM '90
OFFICE OF THE
SPECIAL AGENT
IN CHARGE

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

SIGNED [Signature]

TITLE Engineer

DATE 6/22/90

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUL 11 1990

OCD
HOBBS OFFICE