

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

**SUNDRY NOTICES AND REPORTS ON WELLS**  
Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

New Mexico Oil Conservation Division, District I  
1625 R. F. A. Drive  
Hobbs, NM 88240

FORM APPROVED  
OMB No. 1004-0133  
Expires November 30, 2000

**SUBMIT IN TRIPLICATE - Other instructions on reverse side**

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other		5. Lease Serial No.
2. Name of Operator Brothers Production Company		6. If Indian, Allottee or Tribe Name
3a. Address P. O. Box 7515 Midland, TX 79708	3b. Phone No. (include area code) 915 682-2516	7. If Unit or CA/Agreement, Name and/or No. Lea Unit
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) Section 13, T20S, R34E 660' FNL 2130' FEL		8. Well Name and No. Lea Unit 9
		9. API Well No. 30-025-02432
		10. Field and Pool, or Exploratory Area Lea Bone Spring
		11. County or Parish, State Lea Co. NM

**12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA**

TYPE OF SUBMISSION	TYPE OF ACTION			
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)	<input type="checkbox"/> Water Shut-Off
<input type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation	<input type="checkbox"/> Well Integrity
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Recomplete	<input type="checkbox"/> Other
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon	
	<input type="checkbox"/> Convert to Injection	<input checked="" type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal	

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the site is ready for final inspection.)

Abandon Devonian Open hole as follows:

Set CIBP @ 12,800' Cap with 35' cement  
Set CIBP @ 14,250' Cap with 35' cement

Recomplete to Bone Spring as follows:

Perforate Bone Springs "R" Dolomite from 9595'-9625'  
Perforate Bone Springs "V" Dolomite from 10205'-10215'

2936  
25062  
37570  
8/17/00  
30-025-02432

14. I hereby certify that the foregoing is true and correct  
Name (Printed/Typed)

Paul Horne

Title General Manager

Signature

*Paul T. Horne*

Date 6-28-00

**THIS SPACE FOR FEDERAL OR STATE OFFICE USE**

(ORIG. SGD.) ALEXIS C. SWOBODA

PETROLEUM ENGINEER

AUG 02 2000

Office

Title 18 U.S.C. Section 1001 and Title 43 U.S.C. Section 1212, make 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.



## **RECOMMENDED WORK PROCEDURE**

**Lease & Well#:** Lea Unit #9

- 1) MIRU Pulling Unit.
- 2) ND wellhead, NU BOP. POOH w/ 200 jts 2 7/8" tbg.
- 3) Abandon Devonian – RU WL. Set CIBP at +/- 14,250'. Cap w/ 35' cmt.
- 4) Abandon Penn. Set CIBP at +/- 12,800'. Cap w/ 35' cmt.
- 5) RHH w/ 7" pkr (7" 29#). Isolate casing leak. Determine pump in rate and squeeze requirements. POOH w/ pkr.
- 6) Isolate casing leak w/ CIBP if below 10,250'.  
If leak is shallower than 10,250' squeeze casing leak as needed.
- 7) RU WL. Perforate Bone Springs "V" Dolomite from 10,205'-10,215' w/ 2jspf, 120 phasing, 22 holes total. RD WL.
- 8) RHH w/ 2 jts 2 7/8" tailpipe, 7" treating packer, on 2 7/8" tubing to EOT @ 10,220'. Test tubing to 5000# going in hole.
- 9) Acidize Bone Springs perms 10,205'-10,215' as follows, max treating pressure – 5000#:
  - A. Release pkr and pickle tubing w/500 gal 15%DINEFE acid to clean tubing. Reverse spent acid to pit.
  - B. Spot acid across perms and breakdown with 500 gal 15% DINEFE acid.
  - C. Set pkr @ +/- 10,100', EOT @10,160' and press backside to 500 psi and monitor through job.
  - D. Pump 2000 gal 15% DINEFE acid dropping 30 balls evenly spaced.
  - E. Flush w/ 2540 gal water.
  - F. Record ISIP, 5,10,15, and 60 min shut in pressures. (Shut-in 1 hour total)
  - G. Swab/flow back load.
- 10) Swab test "V" dolomite perms 10,205'- 10,215'.
- 11) POOH w/ 2 7/8" tbg & pkr. RHH w/ RBP on 2-7/8" tbg and set at 10,000'. POOH w/ tbg.
- 12) RU WL. Perforate Bone Springs "R" Dolomite from 9595'-9625'' w/ 2jspf, 120 phasing, 62 holes total. RD WL.
- 13) RHH w/ 2 jts 2 7/8" tailpipe, 7" treating packer, on 2 7/8" tubing to EOT @ 9630'.  
Acidize Bone Springs perms 9595' –9625' as follows, max treating pressure – 5000#:
  - A. Spot acid across perms and breakdown with 500 gal 15% DINEFE acid.
  - B. Set pkr @ +/- 9490', EOT @9550' and press backside to 500 psi and monitor through job.
  - C. Pump 5000 gal 15% DINEFE acid dropping 90 balls evenly spaced.
  - D. Flush w/ 2400 gal water.
  - E. Record ISIP, 5,10,15, and 60 min shut in pressures. (Shut-in 1 hour total)
  - F. Swab/flow back load.
- 14) Swab test "R" dolomite perms 9595'–9625'.
- 15) Release pkr and RHH to RBP @ 10000'. Release RBP and pooh w/ pkr & RBP.
- 16) Put well on rod pump.



**District I**  
1625 N. French Dr., Hobbs, NM 88240

**District II**  
811 South First, Artesia, NM 88210

**District III**  
1000 Rio Brazos Rd., Aztec, NM 87410

**District IV**  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources

Form C-10  
Revised March 17, 199

**OIL CONSERVATION DIVISION**  
2040 South Pacheco  
Santa Fe, NM 87505

Submit to Appropriate District Office  
State Lease - 4 Copie  
Fee Lease - 3 Copie

☐ AMENDED REPOR

**WELL LOCATION AND ACREAGE DEDICATION PLAT**

<sup>1</sup> API Number 30-025-02432	<sup>2</sup> Pool Code	<sup>3</sup> Pool Name Lea Bone Spring
<sup>4</sup> Property Code 025062	<sup>5</sup> Property Name Lea Unit	<sup>6</sup> Well Number 9
<sup>7</sup> OGRID No. 02936	<sup>8</sup> Operator Name Brothers Production Company	<sup>9</sup> Elevation 3,654' GR

<sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
B	1311	20S	34E		660	North	2130	East	Lea

<sup>11</sup> Bottom Hole Location If Different From Surface

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

<sup>12</sup> Dedicated Acres	<sup>13</sup> Joint or Infill	<sup>14</sup> Consolidation Code	<sup>15</sup> Order No.

NO ALLOWABLE WILL BE ASSIGNED TO THIS COMPLETION UNTIL ALL INTERESTS HAVE BEEN CONSOLIDATED OR A NON-STANDARD UNIT HAS BEEN APPROVED BY THE DIVISION

16					<sup>17</sup> OPERATOR CERTIFICATION I hereby certify that the information contained herein is true and complete to the best of my knowledge and belief  Signature <u>Paul T. Horne</u> Printed Name <u>Paul Horne</u> Title <u>General Manager</u> Date <u>June 28, 2000</u> <sup>18</sup> SURVEYOR CERTIFICATION I hereby certify that the well location shown on this plat was plotted from field notes of actual surveys made by me or under my supervision, and that the same is true and correct to the best of my belief.  <u>2-27-62</u> Date of Survey Signature and Seal of Professional Surveyer:  <u>/s/ John W. West</u> Certificate Number