

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(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.)		5. LEASE DESIGNATION AND SERIAL NO. NM-02053 - 8910086960	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME		7. UNIT AGREEMENT NAME EAST EUMONT UNIT	
8. FARM OR LEASE NAME		9. WELL NO. 14	
10. FIELD AND POOL, OR WILDCAT EUMONT YATES 7 RVR QN		11. SEC. T, R, M, OR BLK AND SURVEY OR AREA SEC 4 T19S R37E	
14. PERMIT NO. 300250555700S01	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3701	12. COUNTY OR PARISH LEA	13. STATE NM

16. Check Appropriate Box To Indicate Nature of Notices, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐
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☐
☒

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

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☐
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FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

CONVERT TO INJECTION

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(Other)

CONVERT TO INJECTION

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and five 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.)*

TD - 3965' PBDT - 3959' PERFS - 3793' - 3958'

MIRU PU 11/24/93, NDWH, NUBOP, RIH & TAG @ 3893'. MILL, FISH & DO TO 3959', CHC. PERF ADD'L INTERVAL @ 3793-96, 3798-3813, 21-29, 34-41, 51-57, 65-72, 3939-45, 52-3958'. ACIDIZE W/ 5000GAL 15% NEFE HCL ACID. POOH, RIH W/ BAKER AD-1 & 2-3/8" TBG & SET PKR @ 3731', NDBOP, NUWH, CIRC W/ PKR FLUID, TEST CSG TO 500#, RDPD 12/8/93. PUT WELL ON INJECTION 3/21/94 @ 201BWPD @ 0#.

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

SIGNED

[Signature]

TITLE

REGULATORY ANALYST

DATE

6/7/94

(This space for Federal or State office use)

APPROVED BY

FOR REVIEW ONLY

TITLE

DATE

6/7/94

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUN 10 1967

OCB BUILDING
OFFICE