3160 S	UNITED ST	ATES	FORM APPROVED Budget Bureau No. 1004–0135
Form 3160-5 June 1990)	DEPARTMENT OF THE INTERIOR		Expires: March 31, 1993
	BUREAU OF LAND M		5. Lease Designation and Serial No.
			NM 63016
	SUNDRY NOTICES AND R	EPORTS ON WELLS	6. If Indian, Allottee or Trias Name
Do not use this f	form for proposals to drill or to	deepen or reentry to a different reservoi	r.
	Use "APPLICATION FOR PERM	IT—" for such proposals	
			7. If Unit or CA, Agreement Designation
	SUBMIT IN TR	IPLICATE	
I. Type of Well Gas		8. Well Name and No.	
V Well Gas	Other	Belco AIA Federal #1	
2. Name of Operator	EUM CORPORATION	9. API Well No.	
3. Address and Telephone		30-025-26826	
	h St., Artesia, NM 882	10. Field and Pool, or Exploratory Area	
105 South 4th	age. Sec., T., R., M., or Survey Description)	Undes. Delaware	
4. Location of wen (1000		11. County or Parish, State	
Unit J. 1980'	FSL, 1980' FEL, Sec. 14	-T20S-R32E	
01120 0, 2700		Lea, NM	
		NDICATE NATURE OF NOTICE BER	OBT OB OTHER DATA
CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPOR			
TYPE OF	SUBMISSION		
Notice	of Intent	Abandonment	Change of Plans
		Recompletion	New Construction
X Subsec	uent Report	Piugging Back	Non-Routine Fracturing
		Casing Repair	Water Shut-Off
Final	Abandonment Notice	Altering Casing	Conversion to Injection
		X other Frac, perforate, tr	eat Dispose Water
		Upper Delaware	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
give subsurface lo 8-24-91. Fra gel. Displac 8-28-91. RIH 8-29-91 - 9-2 9-28-91. MIR 2 SPF). Trea 10-2-91. Per 7½% NEFE acid 13000 gals ge 10-4-91. Per	cations and measured and the vertical deputs for e with 2000 gals slick w w/tubing and rods, put 7-91 Pumped well. U. Perforated Delaware ted perfs with 1000 gal forated 5024, 27, 29, 3 L. Frac'd perfs 5024-51	well on pump. Sand 5080, 86, 90, 94, 5102, s 7½% NEFE HCL acid. 4 and 5041' (10 shots-2 SPF). 21' (28 holes) in two stages.	sand and 13000 gals 40# XL 05, 08, 12, 21 (18 shots- Acidized perfs with 500 gal Stage I - 22500# 20/40 sand+
		,	
14. I hereby certify that the	he foregoing is true and correct		
Simolin	- 5	Title Production Supervisor	Date <u>10-11-91</u>
-/	al or State office use)		
Annound by		Title	Date
Approved by Conditions of approve	ıl, if any:		
		and willfully to make to any department or agency of the Un	nited States any false, fictitious or fraudulent statements
Title 18 U.S.C. Section 16 or representations as to an	001, makes it a crime for any person knowinging matter within its jurisdiction.	and withinky to make to any department of agency of the or	

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