

5. LEASE DESIGNATION AND SERIAL NO. NM-06570	
6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
7. UNIT AGREEMENT NAME -	
8. FARM OR LEASE NAME Laurie "D" Federal	
9. WELL NO. 1	
10. FIELD AND POOL, OR WILDCAT Lea Penn	
11. SEC., T., R., M., OR BLK & SURVEY OR AREA Sec. 15-T20S-R34E	
12. COUNTY OR PARISH Lea	13. STATE NM

14. PERMIT NO. -

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3642' GL

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<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"/>		<input type="checkbox"/>

WATER SHUT-OFF ☐ REPAIRING WELL ☐  
FRACTURE TREATMENT ☐ ALTERING CASING ☐  
SHOOTING OR ACIDIZING ☐ ABANDONMENT \* ☐  
(Other) Temperature Survey & Fluid Analysis ☒  
(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.) \*

2-28-86 Flwg on 25/64" chk @ 100psi, in 24hrs prod 44 BO, 24 RLW, 50-60% OC, gas est @ 125 MCFD, ran Temp Sur, sur indic BP is holding, all fl is coming from perfs 9315'-9342'.

Fluid Analysis:

Res	.060 @ 70°F	Cl	112,500
SG	1.125	SO <sub>4</sub>	hvy
Ph	5.7	HCO <sub>3</sub>	nil
Ca	17,500	Fe	hvy
Mg	7890		

Fl is 1d fl from mid set of perfs indic carb bet mid & upr perfs.

I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Drilling & Production Manager DATE March 3, 1986

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

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

ACCEPTED FOR RECORD

[Signature]  
MAR 6 1986

CARLSBAD, NEW MEXICO

RECEIVED  
MAR 10 1986  
C. C. P.  
HOBBS SERVICE