

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Budget Bureau No. 1004-011
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-57280

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
Grover Oil Company
3. ADDRESS OF OPERATOR
P O Box 3666, Midland TX 79702
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barber Federal

9. WELL NO.

2

10. FIELD AND POOL OR WILDCAT

West Teas

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Section 9, T20S, R33E

12. COUNTY OR PARISH

Lea

New Mexico

14. PERMIT NO.

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

3554.9' GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Perforations

(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.) *

9-16-87 Perforate 3260-78, Acidized w/750 gals 15% NEFE.

9-21-87 Set cement retainer @ 3250' squeeze perforations 3260-78 w/50 sx cement.

9-23-87 Perforate 3138-3222', Acidize w/1000 gals 15% NEFE.

9-25-87 Frac w/30,000 gals & 68,000 lbs sand.

RECEIVED
OCT 6 10 50 AM '87
CARLSBAD RESOURCE
AREA HEADQUARTERS

AC... FOR...
SJS
OCT 10 1987
O, NEW MEXICO

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

SIGNED

Carol Robbins

TITLE Secretary

DATE 10-2-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

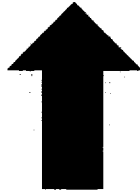
*See Instructions on Reverse Side

RECEIVED

OCT 14 1987

OCD

HOBBS OFFICE



LTR



Job separation sheet

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRACATE*
(Other instructions on reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

NM-57280

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Barber Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

West Teas V-SR

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Section 9, T20S, R33E

12. COUNTY OR PARISH

Lea

13. STATE
New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Grover Oil Company

3. ADDRESS OF OPERATOR

P O Box 3666, Midland TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980'FNL & 660'FWL

14. PERMIT NO.

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

3554.9'GL

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Drill-stem test

(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.)*

8/31/87 - DST #1 interval 3128-3235. Recovered 30 ft. heavy oil cut mud & 60' of slightly oil cut mud. Sampler Recovery: 41 psi, .17 cu. ft. of gas, 175 cc oil. Total liquid volume 1250 cc.

RECEIVED

SEP 14 8 25 AM '87

CARLSBAD DISTRICT
AREA MANAGERS

ACCEPTED FOR RECORD

SEP 22 1987

SJS

CARLSBAD, NEW MEXICO

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

SIGNED

Carol Johnson

TITLE Secretary

DATE 9-10-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

CRIG +5

*See Instructions on Reverse Side