

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION

2040 Pacheco St.
Santa Fe, NM 87505

WELL API NO. 30-025- 0714 07014
Indicate Type of Lease STATE <input type="checkbox"/> FEE <input checked="" type="checkbox"/>
State Oil & Gas Lease No.
Lease Name or Unit Agreement Name MARSHALL COM
Well No. 3
Pool name or Wildcat BLINEBRY OIL AND GAS (GAS)
Well Location Unit Letter D : 660 Feet From The NORTH Line and 660 Feet From The WEST Line Section 34 Township 21S Range 37E NMPM LEA County
Elevation (Show whether DF, RKB, RT, GR, etc.) 3441' GR

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Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: PERF LOWER BLINEBRY ☒

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ANBANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: _____

12 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

RECOMMENDED PROCEDURE:

RUN GR-CNL, CCL FROM 6300' TO 4000'. PERF LOWER BLINEBRY PER LOG RESULTS W/1SPF. OVERALL INTERVAL 5630' - 5900'.
RIN W/PKR & TBG. SPOT 250 GALS. 15% NEFE ACID ACROSS PERF INTERVAL. PU & SET PKR. @ 5400'. ACIDIZE W/4000 GALS 15% NEFE ACID W/BALL SEALERS TO BALL OUT. FLUSH W/2% KCL WTR. SWAB.
POOH W/TBG & PKR.
RIH W/5" X 2 3/8" TREATING PKR. W/ON-OFF TOOL AND 2 3/8" PROFILE NIPPLE ON 2 7/8" FRAC TBG. TEST TBG. TO 9000 PSI. SET PKR. @ 5000'. LOAD ANNULUS W/2% KCL WTR. & PRESSURE BACKSIDE TO 500 PSI.
FRAC PER FRAC RECOMMENDATION.
FLOW WELL BACK
SET BLANKING PLUG IN PROFILE NIPPLE, RELEASE ON/OFF TOOL, POOH & LAD FRAC TBG.
RIH W/PROD. TBG. & ON/OFF TOOL. LATCH ON PKR. PULL BLANKING PLUG.
SWAB, IF NECESSARY.
PLACE WELL ON PRODUCTION.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE

Brenda Coffman

TITLE REGULATORY ANALYST

DATE 12-09-97

TYPE OR PRINT NAME BRENDA COFFMAN

TELEPHONE NO. (915) 498-8662

(This space for State Use)

ORIGINAL
DISTRICT I SUPERVISOR

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

NOV 05 1997