

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other Instructions
verse side)

Patent Bar (N) 1004-
Expires Aug 31, 1985
LEASE DESIGNATION AND SERIAL

LC - 031670B
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 ☒ Injection
2. NAME OF OPERATOR Cenaco Inc.
3. ADDRESS OF OPERATOR P.O. Box 460 - Hobbs, NM 88240
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below)
At surface
660' FSL & 660' FWL
Youkin
14. PERMIT NO. 30-025-07799
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3546'

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

SEMU Permian

9. WELL NO.

#76

10. FIELD AND POOL OR WILDCAT

Stamp Mayburg

11. SEC., T., R., M., OR S.E. AND
SURVEY OR AREA

Sec. 18, T20S, R3EE

12. COUNTY OR PARISH; 13. STATE

Lea NM

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

NOTICE OF INTENTION TO

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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

17. DESCRIBE PROPOSED OR COMPLETED OPERATION. (Give 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 perti-
nent to this work.)

Drill out and jet wash to 3925'. Set pk. @ 3690'. Open bypass & pump

Stage I - Diverting block

Stage II - 35 Bbls 15% HCl-NE-FE acid, 5 Bbls diverting fluid, 7 Bbls
diverting fluid w/2 ppg graded rock salt.

Stage III - 35 Bbls 15% HCl-NE-FE acid

Displace w/33 bbls completion fluid. Shut in for 1 hour.

Swab back lead. Set pk. @ 3643'. RDMO.

For further technical info. contact Mike Bezilva 397-5668.

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

SIGNED W.W. Baker W.W. Baker TITLE Administrative Supv.

DATE Aug 10, 1989

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

For
TITLE

DATE 8-18-89

*See Instructions on Reverse Side