

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

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

3. LEASE DESIGNATION AND SERIAL NO
NM27805
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
Mercury Exploration Company

3. ADDRESS OF OPERATOR
1619 Pennsylvania Avenue, Fort Worth, TX 76104

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
1980' FSL x 1980 FEL Sec. 15-T22S-R32E
Lea County, New Mexico

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, OR, etc.)
G.R. 3728

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Connally Federal

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
E. Red Tank Morrow

11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Sec. 15-T22S-R32E

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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>	(Other) <input checked="" type="checkbox"/>	

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

Recom from marrow to atoka

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.)*

12/22/89 Set Baker DR Plug in Baker Model "D" Packer @ 14,200'
Set new Baker Model "D" Packer @ 13,558'

12/26/89 Perforate Atoka zone @ 13,793 - 814 2 SPF thru tubing

12/27/89 Swabbed down 5' gas flare

12/28/89 Reperforate 13,793-814, swab down w/5' gas flare

01/02/90 1600# SITP, acidize w/2500 gallons of 7½% NEFE & 1000 SCF/bbl N₂

01/03/90 Swabbed down w/5' gas flare

01/04/90 1450# SITP, perforate 13,636-641

01/05/90 Flowing 75 MCFGPD

01/12/90 SI for BHP test

01/16/90 Had 6100# SITP

02/05/90 Acidize w/3500 gallons 7½% NEFE & 1000 SCF/Bbl N₂

02/15/90 Well making 125 MCFGPD, 600# FTP on 10/64" choke

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

SIGNED *[Signature]* TITLE Production Superintendent DATE 07/16/90

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

JUL 27 1990

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