(June 1990) DEPARTMEN BUREAU OF SUNDRY NOTICES Do not use this form for proposals to d Use "APPLICATION FO	Description) Ur	FORM APPROVED Budget Bureau No. 1004-0135 Expires: March 31, 1993 5. Lease Designation and Serial No. NM 64605 6. If Indian, Allottee or Tribe Name N/A 7. If Unit or CA, Agreement Designation N/A 8. Well Name and No. ROSEMARY AJB Federal #1 9. API Well No. 30-025-31222 10. Field and Pool, or Exploratory Area d Livingston Ridge Delaware 11. County or Parish, State
		Lea County, NM
12. CHECK APPROPRIATE BOX	(s) TO INDICATE NATURE OF NOTICE, REPOR	RT, OR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
 Notice of Intent Subsequent Report Final Abandonment Notice 	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Nother Production Csg, Perfor & Treat	
TD 8600'. Reached TD 5-19-91 Float shoe set 8600', float c Stage 1: 325 sx "H" + 5#/sx 5:38 PM 5-22-91. Circulated sx Super "H" + 3% salt (yield 10#/sx Gilsonite (yield 1.46, 5-30-91. Perforated 7134-57' Acidized perfs with 750 gals	cal depths for all markers and zones pertinent to this work.)* . Ran 201 joints $5-1/2"$ 15.5# and 17# ollar set 8556'. DV tool set 7322'. CSE + .7% CF-14 + 10#/sx Gilsonite, (y thru DV tool 4 hrs. Circulated 40 sac 2.3 wt 11.5). Tail in w/175 sx "H" + Wt 14.4). PD 10:35 PM 5-22-91. WOC. w/1042" holes (2 SPF) as follows: 7½% NEFE acid. tubing) perfs 7134-57' w/7500 gals 40#	Cemented in 2 stages. ield 1.46, wt 14.4). PD ks cement. Stage 2: 475 5#/sx CSE + .7% CF-14 + WOCU 4 days. 7134, 40, 46, 53 and 7057'
	UNIA 1000	
14. I hereby certify that the foregoing is true and correct		
sis santa bolli	Tide Production Supervisor	Date <u>6-6-91</u>
(This space for Federal or State office use) Approved & Conditions or approval, if any:	Title	Date
Title 18 U.S.C. Section 1001, makes it a crime for any person or representations as to any matter within its jurisdiction.	knowingly and willfully to make to any department or agency of the United S	tates any false, fictitious or fraudulent statements

*See instruction on Reverse Side

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