SUNDRY NOTICES AND REPORTS ON WELLS IDe out use that for more for propertial, all of the form of propertial. The form of propertial of the form of the f	(Rovember 1983) DEPARTMEN	D STATES N. M. SHL (1)	Form approved. Budget Bureau No. 1004-013: Expires August 31, 1985 5. LEASE DESIGNATION AND SERIAL NO. LCO31740-B
with and the set of the	SUNDRY NOTICES	AND REPORTS ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. Josefield of OFFLATOR         P.O. Boord SOFFLATOR         Developed of Visco Barbor Mexico 88240         239           10. Finds Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240         239           11. Status Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240           11. Status Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240           11. Status Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 88240         10. Finds Alle Poord Mexico 84400           11. Status Finds Alle Poord Mexico 88240         11. Status Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           11. Status Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           12. Object Mexico 84400         11. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           13. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           14. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           15. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400         11. Status Finds Alle Poord Mexico 84400           16. Status Read Mexico 84400         11. Status Finds	I. OIL CAS OTHER Inject		7. UNIT AGREEMENT NAME Eunice Monument South Unit
P. C. Box 670. Hobbs. New Maxico 88240       239         * Barton over if below:       10. reality and the accordance with any State requirements."       10. real and product, on whiteder         Unit R 1980' FSL 5 1980' FEL       Sec. 4, T215, R36E       Sec. 4, T215, R36E         It. reality real       10. Instantion detering and the accordance with any State requirements."       Sec. 4, T215, R36E         It. reality real       10. Instantion detering and the accordance of real accordance of a real accordance of			9. WELL NO.
At surface       Public Computation Constraints         Unit R 1980' FSL & 1980' FEL       Sec. 4, T21S, R36E         14. FreeHrt NO.       15. Farxerours (Show whether of H. G. ed.)       Lea         15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data       NM         16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data       NM         17. Other Box To I       Sec. 4, T21S, R36E         18. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         19. Check Appropriate Contract of Internation To:         19. Feature and the contract of Internation To:         19. Feature and the contract of Internation To:         19. Feature and the contract of Internation To:         10. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data         10. Contract and store of Internation To:         11. Subconstruct         11. Subconstruct         12. Contract and store of Internation To:         12. Contract and store of Internation To:         13. Sec. A store of Internation To:         14. Sec. A store of Internation To:         15. Sec. A store of Internation To:         16. Sec. A store of Internation To:         17. Sec. Sec. A store of Internation To:         17. Sec. Sec. A store of Internation To:         18. Sec. A store of Internation To: <td>P.O. Box 670, Hobbs, New Mez</td> <td><u>xico 88240</u> and in accordance with any State requireme</td> <td>IO. FIELD AND POOL, OR WILDCAT</td>	P.O. Box 670, Hobbs, New Mez	<u>xico 88240</u> and in accordance with any State requireme	IO. FIELD AND POOL, OR WILDCAT
Unit R 1980' FSL & 1980' FEL Sec. 4, T21S, R36E I. FERMIT NO. I. REVAILANCE (Show whether BF, FC, GL KGL) I. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date Notices of INTENTION TO: THE WATER SECTOR TO: THE THE SECTOR TO: THE THE TO: THE THE SECTOR TO: THE THE SECTOR TO: THE THE TO: THE	At surface	8. <del>.</del> .	11. SEC., T., B., M., OR BLK. AND
14. FRANCE NO.       15. ELEVATORS (Show whether of, Fr. G. ed.)       12. COUNT OF PAILER 13. FACE         13.       Check Appropriate Box To Indicice Nature of Notice, Report, or Other Data         NOTICE OF INTERVIEW         ADDED TO INTERVIEW	Unit R 1980' FSL & 1980' FEL		
18.       Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notices or INTERTION TO:       SUBSEQUENT ENERGY OF:         TEST WATE BEDTOFF       PELL OB ALTER CASING NULTIFLE COMPLETE BEDOT OB ACDIDIES ADDITIFLE COMPLETE OWNERS       WITTE BEDTOFF       SUBSEQUENT ENERGY WELL ALTERNO CASING SUBSEQUENT ENERGY WELL (Other) Converted to injector Converted to injector Converted to injector Subsequent removes on completion on Well Completion of Matthewsell, (Other)       ADDITIONATE OF SUBSEQUENT ENDOTE Subsequent removes of Converted Definition on Well Completion of Matthewsell, (Other)       Subsequent Subsequent Converted to injector Subsequent Subseque	14. PERMIT NO. 15.	ELEVATIONS (Show whether DF, RT, GR, etc.)	
DESERVENT LEFORT OF:         THET WATER SHET-OFF         TEST WATER SHET OFF         TEST WATER SHET OFF <td></td> <td>3578'GL</td> <td>Lea NM</td>		3578'GL	Lea NM
TEST WATER SHOTOFF       FULL OR ALTER CANNO         TEST WATER SHOTOFF       FULL OR ALTER COMPLETE         SHOOT OR ACTORE       SHOTOFF         SHOOT OR ACTORE       SHOTHER COMPLETE         SHOOT OR ACTORE       SHOTHER         SHOT OR ACTORE       SHOTHER         SHOTHER       SHOTHER         SHOTHER </td <td>16. Check Approp</td> <td>riate Box To Indicate Nature of Not</td> <td></td>	16. Check Approp	riate Box To Indicate Nature of Not	
REPAIR WELL       CHANGE PLANE       (Other)       (Other) ENCOUNCE (Econy results of multiple completion on Well Completion of Network (Clearly state all pertinent details, and dive pertinent and Log form.)         17. Discrete in the well is directionally drilled, give subsurface locations and measured and true vertical depts for all markers and some pertonents of multiple completion on Yell completion of Ace of Starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depts for all markers and some pertonents on how of the work.) <sup>3</sup> Perforated from 3671' - 3784' with 2 - 1/2!' JHPF. Acidized perfs from 3671' - 3784' and open hole from 3800' - 3946' with 4000 gals 15% NEFE HCL. Located casing leak from 3480' - 3512'. Squeezed leak with 200 sacks Class C + 2% CACL2. Drilled out cement and retainer. Test squeeze to 575 psi. TIH with TSN packer and 2 3/8 IPC tubing and set packer at 3519. Test packer to 560 psi for 30 minutes. Loaded tubing/casing annulus with packer fluid. Equipped to inject. Well is CI pending completion of injection system.         ACCEPTED FOR RECORD       Jun Accepted FOR RECORD         MUG 19 1986       CARLSBAD, NEW MEXICO         18. 1 hereby certify that the offegoing is true and correct       TITLE Division Proration Engineer DATE 8/11/86         SIGNED       TITLE Division Proration Engineer DATE 8/11/86	TEST WATER SHUT-OFF PCLL OF PRACTURE TREAT	OR ALTER CASING WATER : PLE COMPLETE FRACTUR ON* SHOOTIN	SHUT-OFF EEPAIRING WELL
Proposed work, if well is directionally and the probability to basis in a metallic in the termination of termination of the termination of terminatin of termination of terminatin of termination of termi	REPAIR WELL CHANG (Other)		Tors: Report results of multiple completion on Well suppletion or Recompletion Report and Log form.)
3480' - 3512'. Squeezed leak with 200 sacks Class C + 2% CACL2. Drilled out cement and retainer. Test squeeze to 575 psi. TIH with TSN packer and 2 3/8 IPC tubing and set packer at 3519. Test packer to 560 psi for 30 minutes. Loaded tubing/casing an- nulus with packer fluid. Equipped to inject. Well is CI pending completion of in- jection system. ACCEPTED FOR RECORD MWQ AUG 19 1986 CARISBAD. NEW MEXICO	Perforated from 3671' - 3784	' with 2 - 2 JHPF. Acidi	zed perfs from 3671' - 3784' and
and retainer. Test squeeze to 575 psi. TIH with TSN packer and 2 3/8 IPC tubing and set packer at 3519. Test packer to 560 psi for 30 minutes. Loaded tubing/casing an- nulus with packer fluid. Equipped to inject. Well is CI pending completion of in- jection system. ACCEPTED FOR RECORD Hur AUG 19 1986 CARLSBAD, NEW MEXICO	open hole from 3800' - 3946'	with 4000 gals 15% NEFE H	CL. Located casing leak from
set packer at 3519. Test packer to 560 psi for 30 minutes. Loaded tubing/casing an- nulus with packer fluid. Equipped to inject. Well is CI pending completion of in- jection system. ACCEPTED FOR RECORD Hur AUG 19 1986 CARISBAD, NEW MEXICO			
nulus with packer fluid. Equipped to inject. Well is CI pending completion of in- jection system. ACCEPTED FOR RECORD HWW AUG 19 1986 CARLSBAD, NEW MEXICO	and retainer. Test squeeze	to 575 psi. TIH with TSN	packer and 2 3/8 IPC tubing and
jection system. ACCEPTED FOR RECORD JUNC AUG 19 1986 CARLSBAD, NEW MEXICO 18. I hereby certify that the toregoing is true and correct SIGNED MANY TITLE Division Provation Engineer DATE 8/11/86 (This space for Federal or State office use)	set packer at 3519. Test pa	cker to 560 psi for 30 min	nutes. Loaded tubing/casing an-
ACCEPTED FOR RECORD JUNC AUG 19 1986 CARLSBAD, NEW MEXICO 18. I hereby certify that the foregoing is true and correct SIGNED MUCANY TITLE Division Provation Engineer DATE 8/11/86 (This space for Federal or State office use)	nulus with packer fluid. Eq	uipped to inject. Well is	CI pending completion of in-
AUG 19 1986 CARLSBAD, NEW MEXICO 18. I hereby certify that the foregoing is true and correct SIGNED MUCASHY TITLE Division Provation Engineer DATE 8/11/86 (This space for Federal or State office use)	jection system.	ACCEPTED FOR RECOR	RD
18. I hereby certify that the foregoing is true and correct SIGNED			
SIGNED <u>MWCADEY</u> <u>TITLE</u> Division Proration Engineer DATE <u>8/11/86</u> (This space for Federal or State office use)		CARLSBAD, NEW MEXI	co
	MALIN	e and correct TITLE Division Pro	oration Engineer DATE 8/11/86
			DATE

## \*See Instructions on Reverse Side

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any faise, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.