

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions
verse side)

Budget Bureau No. 1004-111
Expires August 31, 1988

5. LEASE DESIGNATION AND SERIAL NO.

LC-030133B

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

3. ADDRESS OF OPERATOR

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

30-025-09078

3514' DF

UNIT AGREEMENT NAME

South Eunice Unit - ~~Ph~~

8. FARM OR LEASE NAME

South Eunice Unit

9. WELL NO.

#38

10. FIELD AND POOL, OR WILDCAT

Eunice 7 Rivers Queen So.

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 28, T-22S, R-36E

12. COUNTY OR PARISH

Lea

13. STATE

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 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 perti-
nent to this work.)*

1. Clean well out to $\pm 3820'$
2. GIH w/4" centralized csg. gun, perf. 3736'-40' and 3744'-50' w/4
JSPF D.48" EHD and 90° phasing
3. Set packer @ $\pm 3550'$. Acidize 7 River Queen Zone from 3670' to 3803'
as follows:
 - a. 40 Bbls 15% HCL-FE acid w/80 gals. Checker-Sol for 24 Hrs. @ 100°F
 - 400 lbs. graded rock salt mixed in 6 bbls gelled 9 lb. brine
 - b. Repeat
 - c. 40 Bbls 15% HCL-FE acid w/80 gals. Checker-Sol
 - d. Flush w/80 Bbls 9 lb. brine
 - e. Swab back load (Approx. 200 Bbls)
4. Release packer + POOH

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

SIGNED

W.W. Baker

W.W. Baker

TITLE Administrative Supervisor

DATE July 19, 1989

(This space for Federal or State office use)

APPROVED BY

Shammy J. Shaw

For:

TITLE

DATE

8-4-89

CONDITIONS OF APPROVAL, IF ANY

*See Instructions on Reverse Side