

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL
(Other instructions
reverse side)

Oil Conservation Bureau No. 1004-0135
August 31, 1985
P.O. BOX 882
HOBBS, NEW MEXICO 88240
NO. 032573(b)

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 <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR Zia Energy Inc.		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P.O. Box 2219, Hobbs, NM 88241		8. FARM OR LEASE NAME Elliott "B"	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' from the North line and 1980' from the East line.		9. WELL NO. 5	
14. PERMIT NO. 32-025-10091		10. FIELD AND POOL, OR WILDCAT Penrose - Skelly	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3430' GR - 3440' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 7 - T22S - R37E	
		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:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input checked="" type="checkbox"/>
(Other) Plug Back	<input type="checkbox"/>		

(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 pertinent to this work.) *

1. Rigged up well servicing unit 11/16/94. Install BOP - TOH with rods, pump, & 2 1/2" 10R tbg.
2. Pressure tested csg. Found leak 18" below tubing head. Dug down around 7 5/8" csg. Cut of 7 5/8" & 5 1/2" csg. approximately 5' below ground level. Welded on replacement pipe for 7 5/8" & 5 1/2" csg.
3. Perforated 30 holes from 2670' to 3222'. TIH with 5 1/2" RBP & pkr. on 3 1/2" frac. tubing. Set RBP @ 3285' & pkr. @ 2610'. Acidized perfs. w/2000 GA with 50 ball sealers.
4. Fracture treated using 810 bbls. 2% Kcl + 200,000# 12/20 sd. + 140 tons CO2 @ 43 BPM with avg. press 4051#.
5. Opened well to flow back water & CO2. Cleaned out frac. sand using foam. Laid down frac. string. TIH with 2 7/8" 10R tbg. to test. Pressure blew completely down. Well test 0 BOPD + 0 BWPD + 0 MCF GPD. Retrieved RBP @ 3285'. TIH with tbg. set @ 3600'. TIH with rods & pump. Put on pump to produce the original completion in the Penrose-Skelly.

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

SIGNED Garris Nelson

TITLE Engineer

DATE 1/26/95

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side