

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPlicate
(Other Instructions
verse side)

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

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		N.M. Oil Cons. Division	
2. NAME OF OPERATOR		P.O. Box 1980	
3. ADDRESS OF OPERATOR		Hobbs, NM 88241	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface		7. UNIT AGREEMENT NAME	
1980' FSL & 1780' FEL		8. FARM OR LEASE NAME	
		Elliott "B"	
		9. WELL NO.	
		7	
		10. FIELD AND POOL, OR WILDCAT	
		Blinebry	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		6-22S-37E	
14. PERMIT NO.	15. ELEVATIONS (Show whether OF, RT, OR, etc.)	12. COUNTY OR PARISH	13. STATE
	3443' GR	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"/>	FULL 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 checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	

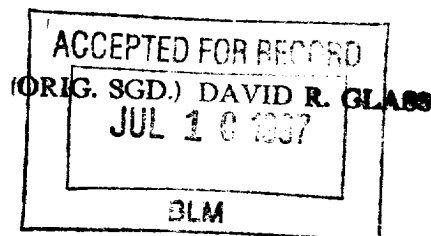
17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

6/2/97 GIH w/ tubing, collars and 6 1/8" bit
Drill out cement and retainer @ 3828'. Tested casing to 500#. OK.
Drill out cement from 5100' to 5695'. Tested casing to 500#. OK
6/7/97 Perforated 5458' - 70', 5500' - 30', 5572' - 90', (33 holes).
TIH w/ 3 1/2" tubing and packer. Set @ 5012'.
6/9/97 Fracture treated using 64,000 gals. X-L gel and 218,000# 20/40 sand.
6/12/97 Run production equipment and test.

RECEIVED

1997 JUL -2 A 11:48

BUREAU OF LAND MGMT.
HOBBS, NEW MEXICO



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

SIGNED Scott Nelson TITLE Engineer DATE 7/2/97

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side