

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

CONTACT RECEIVING
OFFICE FOR NUMBER
OF COPIES REQUIRED
(Other instructions on re-
verse side)

NM Roswell District
Modified Form No.
NMD60-1160-4

5. LEASE DESIGNATION AND SERIAL NO.

NM-62224

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Aracanga Federal

9. WELL NO.

#2

10. FIELD AND POOL, OR WILDCAT

Wildcat Delaware

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

Section 9-23S-32E

14. PERMIT NO.

30-025-31651

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

3684' GR

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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETION

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANE

(Other)

SUBSEQUENT REPORT (IF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Production Casing & Cement

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.) *

9/9/92 Drilled to TD at 8985'. Ran 214 joints of 17# J55 5 1/2" casing. Cemented at 8976' first stage with 700 sacks 50/50 Poz Mix, 5# per sack salt and 1/4# per sack Flocele, and second stage with 520 sacks 50/50 Poz Mix, 5# per sack salt and 1/4# per sack Flocele. Plug down at 9:15 PM on 9/9/92. Released rig at 12:00 AM on 9/10/92.

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

SIGNED Carol J. Garcia

TITLE Production Supervisor

DATE 9/10/92

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side