

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil C
P. 1980
Hobbs, NM 88241

FORM APPROVED
Budget Bureau No. 1004-0135
Expires: March 31, 1993

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT - " for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well <input checked="" type="checkbox"/> Oil Well <input type="checkbox"/> Gas Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. NM 86925
2. Name of Operator Burlington Resources Oil & Gas Company	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. P.O. Box 51810 Midland, Texas 79710-1810 915-688-6943	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) 660' FNL & 2310' FWL Sec. 12, T23S, R32E	8. Well Name and No. Pronghorn '12' #1 Federal
	9. API Well No. 30-025-33538
	10. Field and Pool, or exploratory Area Diamondtail Delaware
	11. County or Parish, State Lea NM

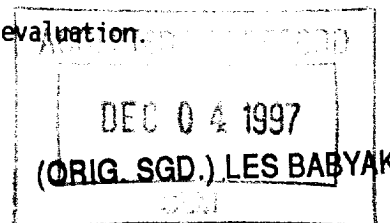
12. CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input checked="" type="checkbox"/> Other Squeezed & Added Perfs
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

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

13. 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.)*

- 3-4: MIRU. TOH w/ rods and pump. TIH w/ 2 3/8" tbg to 8000'.
5: Circulated hole w/ 2% KCL. Set CICR @ 8525; retainer slid down hole to 8580'. Reset & tested. Squeezed perfs 8611'-8660' w/ 100 sx C1 H w/ Halad 322, followed w/ 100 sx C1 H.
11/6: Tested csg @ 4000 psi. Perf'd 7698'-7711' (2 SPF-18 holes).
11/7: Spot 100 gals 15% Ferchek SC acid across perfs 7698'-7711'. Started circulating. Reversed acid to frac tank.
Set retainer @ 7615'. Squeezed perfs w/ 400 sx C1 H Prem., .06% H-9, 3# KCL, gel.
TIH w/ bit. Drilled out CICR @ 7615'. Drilled cmt to 7675'.
11/11: Cleaned out to 8570'. Perf'd 7698'-7711'. Acidized w/ 1000 gals 15% Fercheck. Swabbed.
11/12-13: Swabbed.
11/14: Released packer. TIH w/ 2 3/8" tbg. to 8515'. Pulled rods. Shut in for evaluation.



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

Signed Les Babyak Title Regulatory Assistant Date 11/24/97

(This space for Federal or State office use)

Approved by _____ Title _____ Date _____
Conditions of approval, if any:

ROBERT WILKINSON
NORTH LITTON

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