

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN REVERSE
(Other instructions on re-
verse side)

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

5. LEASE DESIGNATION AND SERIAL NO.

LC-064118

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

E. C. Hill "R" Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Teague

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

Section 34, T23S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, WT, OR, etc.)

3276 DF

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

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 COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Plug back to ABO

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 pertinent to this work.)*

9/15/89 - Squeezed existing perforations at 4912-5058' with 100 sx Class "C" cement containing .5% Halad 9 + 80 sx Class "C" with 2% CaCl. Squeezed to 1250#.

9/18/89 - Test casing to 500# for 15 minutes. Drilled cement from 3358 to 5100'. Drilled cement and CIBP at 5493-5508'. Cleaned out to 7163'. Tested casing.

9/20/89 - Ran Gamma Ray/CCL log 7158-5150'. Perforated ABO formation with 1 JSPF at 6617-27; 6637-43' 6644-47; 6660-65; 6668-75; 6677-81; 6682-6700; 6704-10 (72 holes).

9/21/89 - Acidized with 1500 gals of 15% NEFE HCl + 100 ball sealers.

9/26/89 - Hook up to Tank Battery. Kick off flowing.

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

SIGNED

David Miller

TITLE Operations Manager

DATE 10/04/89

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Ad

*See Instructions on Reverse Side

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