

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

30-025-10949
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 "B" Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Teague Blinebry

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

Section 34, T23S, R37E

14. PERMIT NO.

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

3280 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

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<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.) *

9-27-89 Fraced Blinebry zone 5287-5794 with 42,000 gals 40# crosslinked gel water plus 18,700 gals CO₂ carrying 108,500# 20-40 sand in 2 stages with 50 ball sealers between stages. Swab/flow test well and recover load.

9-29-89 Ran production tubing. Put well on pump.

RECEIVED
OCT 10 10 30 AM '89
CARLSBAD

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

SIGNED

David R. Glass

TITLE Operations Manager

DATE 10-6-89

(This space for Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IN ANY

CARLSBAD, NEW MEXICO See Instructions on Reverse Side

RECEIVED

OCT 23 1989

U.S. DEPT. OF JUSTICE
HONORARY