

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIF
(Other instruction.
verse side)

DATE

Form approved,
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.)

5. LEASE DESIGNATION AND SERIAL NO.
NM 19861
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Madera 33 Federal Com.

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Pitchfork Ranch Atoka

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

Sec. 33, T24S, R34E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO.

CER #80

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

3421.0' GR

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: 1/26/87

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Casing test & cement job.

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.) *

1/30/87 - Set 5178 feet of 8-5/8" 32# K-55 & 24# K-55.

Cemented with 1350 sacks DLW III cement 65% Class C and 35% Poz + 6% Gel (D-20) + 1/4#/sx. Cellophane Flake (D-29), Yield 1.84 Ft³/sx. mixed at 12.7 ppg. Followed by 275 sacks Dowell Class C + 3# salt/sack + 1/4# Cellophane Flake (D-29), Yield 1.34 Ft³/sx. mixed at 14.8 ppg. Circulated to surface.

30 minutes pressure tested to 1500# OK. WOC - 20 hours.

ACCEPTED FOR RECORD

FEB 09 1987

CARLSBAD, NEW MEXICO

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

SIGNED

Betty Gildon

TITLE Regulatory Analyst

DATE 2/6/87

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

RECEIVED

FEB 11 1987

OCB
HOBBS OFFICE