

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions on
reverse side)

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-02889
2. NAME OF OPERATOR Tahoe Energy, Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N/A
3. ADDRESS OF OPERATOR 4402 West Industrial -Midland, Texas 79703		7. UNIT AGREEMENT NAME N/A
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2260' FWL & 660' FSL, Section 11.		8. FARM OR LEASE NAME Wimberly
11. PERMIT NO.		9. WELL NO. 6
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3629' GR		10. FIELD AND POOL, OR WILDCAT Double X Delaware
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Section 11, T-24-S, R-32-E.
		12. COUNTY OR PARISH Lea
		13. STATE N.M.

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) Completion	<input checked="" 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.)*

1. MIRU Gene's Well Service (Completion Unit)
2. Ran Apollo GR/Collar Log from COTD of 5030' to 4600'.
3. Perforate Ramsey: 12 holes (.48" dia.) @ 4935', 4937', 4941', 4945', 4948', 4952', 4961', 4965', 4969', 4973', 4976', & 4988'. Ran 2 3/8" tubing, set model "R" packer @ 4863'.
4. Swab tested, show of oil and strong blow of gas.
5. Acidized w/1000 gallons of 7½% HCL acid + 25 ball sealers. Swab tested .4 bbl/hr., fluid 50% oil.
6. Fraced w/10,000 gallons Mini-Max III-30, w/2% KCL + 8,100# 20-40 sand + 4,000# 12-20 sand, @ 9 bpm @ 1800# treating pressure.
7. Pull packer, and ran tubing and rods. Put on pump 12-29-87.
8. 1-26-88, Potential tested for 24 hours. Pumped 26 BO + 79 BW + 111 MCFPD, GOR 4,269:1, gravity 42°, tubing pressure 70#, and casing pressure 150#.

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

SIGNED K. A. Freeman TITLE President DATE 1-26-88
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ ACCEPTED FOR RECORD
CONDITIONS OF APPROVAL, IF ANY: _____ DATE _____

FEB 1 1988

*See Instructions on Reverse Side

SJS
CARLSBAD, NEW MEXICO

RECEIVED
FEB 8 1988
OCD
HOBBS OFFICE