| Form 3160-5 (June 1990) | DEPARTMENT BUREAU OF L | ED STATES FOF THE INTERIOR AND MANAGEMENT | N.M. Oil Cons. D P.O. Box 1980 Hobbs, NM 88241 | Expires: March 31, 1993 5. Lease Designation and Serial No. |
|---|---|--|---|---|
| Do not use this fo | SUNDRY NOTICES AND orm for proposals to drill of Use "APPLICATION FOR I | D REPORTS ON WELLS or to deepen or reentry to PERMIT - " for such propo | a different reservelt | NM - 68084 6. If Indian, Allottee or Tribe Name |
| Turn FW II | SUBMIT | IN TRIPLICATE | us ? | 7. If Unit or CA, Agreement Designation |
| 3. Address and Telephone | ergy Resources, Inc | | | 8. Well Name and No. Mesa Verde "7" Federal #7 9. API Well No. 30-025-33103 |
| 4. Location of Well (Foot | s,Suite 1330, Midla age, Sec., T., R., M., or Survey Des NL & 990' FWL, Sec. | cription) | 915/687-3551 | Mesa Verde (Delaware) Mesa Verde (Bone Spring II. County or Parish. State Lea NM |
| 12. CHECK | APPROPRIATE BOX(s) | TO INDICATE NATURE | E OF NOTICE, REPORT, | , OR OTHER DATA |
| TYPE OF SUBMISSION TYPE OF ACTI | | | TYPE OF ACTION | |
| Final 2 3. Describe Proposed or Comgive subsurface to | of Intent quent Report Abandonment Notice appleted Operations (Clearly state all pocations and measured and true vertices) | ertinent details, and give pertinent da al depths for all markers and zones pe | on ack pair asing Downhole commingle test including estimated date of starting to this work.)* | (Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) ing any proposed work. If well is directionally drill |
| This well was r interval was pr not payout the 7284'-7303' was interval swab t Delaware zone f | recently completed roduced for 1-1/2 m well. A RBP was s s perforated, acidi tested at 16 BOPD a | in the Bone Spring onths. The produce et above the Bone zed and swab teste nd 48 BWPD. It water production and | formation (perfs tion from the zone Spring interval an d. The production s decided not to f | 8522'-8544') and the was economic, but would a Delaware zone at from the Delaware fracture treat the ed to produce the Bone |
| 14. I hereby certify that the | foregoing is true and sorrect | / | Ul lagre | . Servine (V- a) C. Marco Care |
| (This space for Federal c Approved by Conditions of approval. | or State office use) | Title Sr. Produc | tion Clerk | Date Aug. 21, 1996 |
| Conditions of approval. | is mily. | | | |