

Form 3160-5
(November 1983)
(Formerly 9-331)

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1001-0135
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.

LC-067968

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

7. UNIT AGREEMENT NAME

West Dollarhide Queen

8. FARM OR LEASE NAME Sand Unit

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Dollarhide Queen

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

Sec 30, T24S, R38E

12. COUNTY OR PARISH 13. STATE

Lea

NM

14. PERMIT NO

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

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FILL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Clean out well

X

(Other)

(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.)

11-6-89 MI&RU coil tbq unit. Jet out tbq & csg w/fresh water w/polymer additive to 3700'. SION.

11-7-89 Jet csg clean to TD (4023').

11-8-89 Install wellhead & start injecting.

Injecting 430 BWPD @ 1150#.

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RECEIVED

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

SIGNED Bonnie SchwartTITLE Production TechnicianDATE 12-5-89

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side