

N. M. OIL CONS. COMMISSION  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 40658

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Buckskin Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Dollarhide Tubb Drinkard

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

Sec. 18, T24S, R38E

12. COUNTY OR PARISH 13. STATE

Lea

N. M.

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"/>	
2. NAME OF OPERATOR Alpha Twenty-One Production Company	
3. ADDRESS OF OPERATOR 2100 First National Bank Building, Midland, Texas 79701	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  1650 FSL and 1980 FWL	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3181 Ground Level

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

NOTICE OF INTENTION TO:

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"/>	

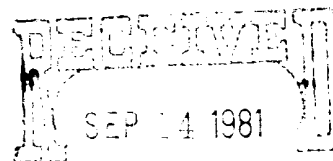
SUBSEQUENT REPORT OF:

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

- 9-3-81 Set CIBP at 5320.  
Perforated the following: 5053, 5057, 5060, 5063, 5065, 5076, 5084, 5091, 5094, 5157, 5162, 5164, 5166, 5170, 5208, 5220, 5230, 5232, 5236, 5239.
- 9-4-81 Acidized with 3000 Gals. 15% NEFE. Recovered load and formation water.  
No show.
- 9-5-81 Shut well in. Release Unit.



U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

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

SIGNED Tommy Phipps CHAPMAN

TITLE Executive Vice President DATE 9-11-81

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SEP 18 1981  
U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side

# N. M. OH CONS. COMMISSION

Form 9-331  
(May 1963)

## P. O. BOX 1980 NEW MEXICO 88240 UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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

Form approved,  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 40658

6. INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

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SUBVEY OR AREA

Sec. 18, T24S, R38E

12. COUNTY OR PARISH

Lea

13. STATE

N. M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Alpha Twenty-One Production Company

3. ADDRESS OF OPERATOR

2100 First National Bank Building, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)  
At surface

1650 FSL and 1980 FWL

14. PERMIT NO.

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

3181 Ground Level

16.

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

#### NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☐

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

#### SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

Completion Attempt ☒

(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.) \*

8-31-81 Set CIBP at 5690 and Dumped 35' of cement on top.

Perforated the following: 5412, 5414, 5416, 5427, 5428, 5430, 5454, 5457, 5460, 5500, 5502, 5504, 5522, 5524, 5526, 5540, 5542 and 5544.

9- 1-81 Acidized with 3000 Gals. 15% HCL. Recovered load and formation water.  
No show.

9- 3-81 Prepare to attempt completion in the San Andres.

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

SIGNED

ACCEPTED FOR RECORD  
Tommy H. Hedges  
ROGER A. CHAPMAN  
(This space for Federal or State office use)

TITLE

Executive Vice President

DATE

9-3-81

APPROVED BY

SEP 8 1981  
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

U.S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

\*See Instructions on Reverse Side