

Form 3650-5  
(November 1983)  
(Form 9-233)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.  
NM 15912

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME  
Paduca Unit

8. FARM OR LEASE NAME  
Paduca Unit

9. WELL NO.  
2

10. FIELD AND POOL, OR WILDCAT  
North Paduca Delaware

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

Unit A, Sec. 23-T25S-R32E

14. PERMIT NO.

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

3441' GR

12. COUNTY OR PARISH  
Lea

13. STATE  
NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

PCLL 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) Production Csg, Perforate

☒

(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.)\*

TD 5000'. Ran 120 joints 5-1/2" 14# J-55 casing set 5000'. 1 Regular guide shoe set 5000'. Float collar set 4983'. Cemented w/250 sx C1 C .4% Halad 9 and 5#/sx salt. Compressive strength of cement - 950 psi in 12 hrs. PD 12:45 PM 12-1-84. Bumped plug to 1000 psi, released pressure, float and casing held okay. WOC 18 hours. WIH and perforated 4887-89' w/5 .4" holes as follows: 4887, 87 1/2, 88, 88 1/2 and 89'. Acidized perforations w/500 gals 7 1/2% NEFE acid. Swab well down.

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

SIGNED

*Quentin S. Sadtler*

TITLE Production Supervisor

DATE 12-13-84

(This space for Federal or State office use)

APPROVED BY

*DEC 18 1984*

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY

*Carl S. Sadtler*

NEW MEXICO \*See Instructions on Reverse Side

RECEIVED

DEC 19 1984

O.C.D.  
HOBBS OFFICE