

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other Instructions on reverse side)

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.)

N.M. OIL CONS. COMMISSION
P.O. BOX 1980
HOBBS, NEW MEXICO 88240

5. LEASE DESIGNATION AND SERIAL NO.

8910138170 - NM7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT ASSIGNMENT NAME

MYERS LANGLE MATTIX UNIT

8. FARM OR LEASE NAME

9. WELL NO.

269

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATTIX 7R Q-G

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

SEC 5 T24S R37E

14. PERMIT NO.

30-025-32556

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

3299

12. COUNTY OR PARISH

LEA

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

SET PROD. CASING & CEMENT

(Note: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL
ALTERING CASING
ABANDONMENT*

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and five 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.)*

DRILL 7-7/8" HOLE TO TD @ 3775', 7/19/94, CHC. RIH W/ PDS-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3775'. M&P 750sx CL C W/ 15# SALT + 1/4#/sx CELLO-FLAKE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 1855HRS MDT 7/20/94, CIRC 70sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC-8HRS. REL RIG @ 2300HRS MDT 7/20/94. SI WO COMPLETION UNIT.

J. L. L. 165

RECEIVED
JUL 27 10 42 AM '94
CAND
ARL

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

SIGNED

TITLE

REGULATORY ANALYST

DATE

7/26/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

RECEIVED

AUG 17 1994

JOHN ROSS
OFFICE