

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

N.M. OIL CON. COMMISSION

POST BOX 1196  
Other Instructions on Reverse Side

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

LEASE DESIGNATION AND SERIAL NO.  
8910138170 - NM7488

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.)

6. IF INDIAN ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MYERS LANGLEIE MATTIX

8. FARM OR LEASE NAME

9. WELL NO.

267

10. FIELD AND POOL, OR WILDCAT

LANGLIE MATTIX 7R Q-G

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

SEC 6 T24S R37E

14. PERMIT NO.

30-025-32591

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

3317

12. COUNTY OR PARISH

LEA

13. STATE

NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF  
FRACTURE TREAT  
SHOOT OR ACIDIZE  
REPAIR WELL  
(Other)

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PULL OR ALTER CASING  
MULTIPLE COMPLETE  
ABANDON\*  
CHANGE PLANS

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WATER SHUT-OFF  
FRACTURE TREATMENT  
SHOOTING OR ACIDIZING  
(Other)

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REPAIRING WELL  
ALTERING CASING  
ABANDONMENT\*

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SET PROD CASING & CEMENT

(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 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 @ 3882', 8/14/94, CHC. RIH W/ SPD-CNS-DLS-MLS-GR, POOH. RIH W/ 5-1/2" 15.5# CASING & SET @ 3881'. M&P 750sx CL C-LITE W/ 15# SALT + 1/4#/sx FLOCELE FOLLOWED BY 150sx 50-50 H/POZ W/ 3#/sx KCL + .3% HALAD-9, DISPLACE W/ FW, PLUG DOWN @ 1930HRS MDT 8/15/94, CIRC 48sx CMT TO PIT, BLM NOTIFIED DID NOT WITNESS, WOC. REL RIG 8/15/94. SI WO COMPLETION UNIT.

SJS

AUG 19 11 30 AM '94

RECEIVED

18. Thereby certify that the foregoing is true and correct

SIGNED

*[Signature]*

TITLE

REGULATORY ANALYST

DATE

8/17/94

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side