UNITED STATES SUBMIT IN TRIPLICATE (Other instructions on resolver)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

3.	NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL O	with two jet shots, and 3699'. Acidize, recover load, and 3699'. Acidize, recover load, and 3699'. Acidize, and 3699'. Acidize and 3699''. Acidize and 3699'''. Acidize and 3699'''. Acidize and 3699''''. Acidize and 3699'''''''''''''''''''''''''''''''''''	rict	er 27, 1966, - 29.8. DATE December	28, 196	
18. I hereby certify that the SIGNED Common Dan (This space for Federal of	3684, 3690, 3698 NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL 0 foregoing is true and correct Cillett Gillett Fr State office use)	, and 3699'. Acidize, recover load, and it is the ending 1:00 P. il & 4 BW, GOR - TSTN Assistant Dist Superintendent	rict	gallons 1.5% er 27, 1966, - 29.8. DATE December	28, 196	
18. I hereby certify that the SIGNED	3684, 3690, 3698 NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL 0 foregoing is true and correct Cillett	, and 3699'. Acidize, recover load, and The stending 1:00 P. il & 4 BW, GOR - TSTN	rict	gailons 1.5% er 27, 1966, - 29.8.	28, 196	
3.	3684, 3690, 3698 NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL 0	, and 3699'. Acidize, recover load, and in the second in t	e with 1500 Test M. Decemb M, GRAVITY	gailons 1.5% er 27, 1966, - 29.8.	28 3.04	
:	3684, 3690, 3698 NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL 0	, and 3699'. Acidize, recover load, and I	e with 1500 Test. . M. Decemb	er 27, 1966,		
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3	3684, 3690, 3698 NE acid. Swab well On 24 Hour Potentia well pumped 7 BBL 0	, and 3699'. Acidize, recover load, and I	e with 1500 Test. . M. Decemb	er 27, 1966,		
	3684', 3690', 3698' NE acid. Swab well	, and 3699'. Acidize, recover load, and	e with 1500 Pest.	gailons 1.5%		
	36841, 36901, 36981	. and 3699 . Acid1ze	e with 1500	3656', 3663', gallons 1.5%	•	
	3672! to 3680!. Ac	idize with 500 gallor	is 15% Ne a	cid. Test.		
•		e 42" Casing with 2		er foot from		
The :	following work has	oeen completed on sub	ject well:		••	
nent to this work.) *						
proposed work. If well	LETED OPERATIONS (Clearly state is directionally drilled, give sub-	all pertinent details, and give persurface locations and measured and	tinent dates, inclu- l true vertical dep	ths for all markers and zo	nes perti-	
(Other)		Completion	n or Recompletion	ding estimated date of sta	rting any	
SHOOT OR ACIDIZE REPAIR WELL	CHANGE PLANS	(Other)		ultiple completion on Well		
FRACTURE TREAT	MULTIPLE COMPLETE ABANDON*	SHOOTING OR AC	ا حرب	ABANDONM ENT*		
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	!	ALTERING CASING		
NOTICE	OF INTENTION TO:			REPAIRING WELL		
		ndicate Nature of Notice, Re	subsequent a			
regular						
14. PERMIT NO.	1	Pl (GR)	I	Lea N.	M	
	4, T-20-5, R-34-E,	Lea Countý, New Mexi	000	COUNTY OR PARIEH 13. ST.		
				Sec. 34, T-20-S,	R-31-E	
At surface	Well located 660' from the North Line, and 1980' from the Ea			11. SEC., T., R., M., OR BLK, AND		
4. LOCATION OF WELL (Report l See also space 17 below.)	location clearly and in accordance	with any State requirements.	· _	Lynch		
		- Hobbs, New Mexico	10.	FIELD AND POOL, OR WILDCA	AT -	
ADDRESS OF OPERATOR			9. w	ELL NO.		
NAME OF OPERATOR	TEXACO Inc.		В	B. V. Lynch "a"		
	OTHER			ONF.		
WELLS CO.	JAN 5 11-07 AM	-6/	i	NIT AGREEMENT NAME		
OIL X WELL C	APPLICATION FUN FUN FERMI	or plug back to a different reserv	voir. N	ONE		
(Do not use this form form the Use " OIL	or proposals to drill or to deeper			,,		
(Do not use this form form the Use " OIL	NOMES STUBERED	ORTS ON WELLS				
OIL X WELL CAS	GEOLOGICAL SUF	ORTS ON WELLS	1	C=029519 - "a"	E NAME	

*See Instructions on Reverse Side

J L GORDON ACTING DISTRICT ENGINEER