

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-034075

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.J. Saunders - Fed

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Eunice Monument
Grayburg San Andres

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

Sec. 18, T-19-S, R-37-E

14. PERMIT NO.

Regular

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

3693' (DF)

12. COUNTY OR PARISH

Lea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input 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.)*

1. Rigged Up. Install BOP. Pull rods and tubing
2. Check TD-3973'. Clean Out.
3. Pump 65 bbls. KCL water down csg.
4. Shot open hole 3950'-3970' w/180 gram glass charge per foot.
5. Set packer @ 3702' w/fail pipe @ 3950'.
6. Acidize open hole 3762'-3973' w/2500 gal HCL, 1000 gal Poly-Gel-200 & 55 gal. Protex-All using 525# Divert & 1050# rock salt in 4-equal stages.
7. Flush w/22 bbls KCL water.
8. Install pumping equipment on 24 hr potential test, well pumped 32 BO & 32 BW. Well returned to production.

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

SIGNED

[Signature]

TITLE Asst. Dist. Supt.

DATE 11-8-76

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

NOV 17 1976

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

RECEIVED

12-1976

OIL & GAS DIVISION
HOBBS, N. M.