SUBMIT IN TRI

Form approved. Budget Bureau No. 42-R1424.

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	5. LEASE DESIGNATION AND SERIAL NO.  LC-062300 6. IF INDIAN, ALLOTTEE OR TRIBE NAME		
SUNDRY (Do not use this form fo			
OIL WELL OAS WELL O  2. NAME OF OPERATOR TEXACO Inc.  3. ADDRESS OF OPERATOR P. O. BOX 728, if 4. LOCATION OF WELL (Report to See also space 17 below.) At surface Well locate the Ease Line of Lea County, New	Line and 2310' from -32-E, Unit Letter E,	11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA  Sec. 28. T-25-S. R-32-F	
Regular	15. ELEVATIONS (Show whether 3397 ! (DF	,	12. COUNTY OR PARISH 13. STATE  Lea New Mexic
	ck Appropriate Box To Indicate FINTENTION TO:		
FEACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)	PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	Completion or Recomp	of multiple completion on Well
17. DESCRIBE PROPOSED OR COMPLE proposed work. If well is nent to this work.) *	TED OPERATIONS (Clearly state all pertin directionally drilled, give subsurface lo	ent details, and give pertinent dates, cations and measured and true vertice	including estimated date of starting any all depths for all markers and zones perti-

The Following Work has been completed on subject well:

- 1. Pull rods and tubing.
- 2. Perforate 4-1/2" casing w/2 JSPF from 4658' to 4570'.
- Run 2-7/8" tubing w/packer to 4670' and spot 50 gals 15% acid over new perforations.
- Pull tubing to 4600' and set packer.
- 5. Acidize w/450 gals 15% acid.
- 6. Frac w/20,000 gals gelled lease crude w/1# 20/40 sand per gal, 25#/1000 gal Mark II adomite and 40#/1000 gal selling agent in 3 equal stages. Follow each stage w/50# unibeads.
- 7. Pull 2-7/8" tubing w/packer, run 2-3/8" tubing, swab, run rods, test and return to production.

## ILLEGIBLE

8. I hereby ceruffy that the foregoing is true and correct SIGNED	Assistant District THTLE Superintendent		DATE April 21, 1970	
(This space for Federal or State office use)		Constitute of the second second		
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE	[ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [ [	DATE	
		APR 2 2 1		
*Se	e Instructions	on Reverse Side		
		HOSPS, NO. 4		