

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIP  
(Other instructive  
verse side)TE  
reForm approved.  
Budget Bureau No. 42-R1421.  
5. LEASE DESIGNATION AND SERIAL NO.

N.M. 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

Lea Devonian

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

Sec. 12-20S-34E

14. PERMIT NO.

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

Gr 3667'

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

## 16. Check Appropriate Box To Indicate Nature of Notice, 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

Acidize

X

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Propose to treat Devonian zone with 1000 gals. Spearhead acid.

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

SIGNED

TITLE Area Supt.

DATE April 28, 1967

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

Dist: CoPL; JHH; LHS; File