

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029519 - "a"

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

NONE

7. UNIT AGREEMENT NAME

NONE

8. FARM OR LEASE NAME

B. V. Lynch "a"

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Lynch

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

Sec. 34, T-20-S, R-34-E

12. COUNTY OR PARISH 13. STATE

Lea

N. M.

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.)

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P. O. Box 728 - Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

Well located 660' from the North Line, and 1980' from the East  
Line of Section 34, T-20-S, R-34-E, Lea County, New Mexico.

14. PERMIT NO.

Regular

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

3721' (GR)

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <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.)\*

We propose to do the following work on subject well:

1. Pull the pump equipment, and set packer at approx. 3500' with tail pipe to reach approx. 3695'.
2. Acidize existing perforations 3538' to 3699' with 6000 gallons 28% HCL in 3 stages, followed with 2000 gallons fresh water.
3. Swab well, recover load, re-run the pump equipment, and Test well.

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

SIGNED

*Dan Gillett*  
Dan Gillett

TITLE

Assistant District

DATE

April 14, 1967

(This space for Federal or State office use)

Superintendent

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*[Signature]*  
1967