

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

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

GEOLOGICAL SURVEY

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.)

LC - 034075

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
-

7. UNIT AGREEMENT NAME  
-

8. FARM OR LEASE NAME  
C. J. Saunders Federal

9. WELL NO.  
4

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

12. COUNTY OR PARISH  
Lea

13. STATE  
New Mexico

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
TEXACO Inc.

3. ADDRESS OF OPERATOR  
P. O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
1980' FSL & 1980' FWL of Sec. 18, T-19-S, R-37-E  
Unit letter 'K', Lea County, New Mexico

14. PERMIT NO.  
Regular

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3708' (DF)

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 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 checked="" 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.)\*

- Rig up. Install BOP, Pull rods, pump & tubing.
- Clean out to 4019' (PBSD)
- Shoot 109' open hole 3900' - 4009' w/300 grain primer Cord. Clean out.
- Acidize open hole section 3870' - 4019' w/2000 ga. 15% NE Acid. Flush w/175 Bbls. treated brine water.
- Install pumping equipment. On 24 Hr. potential test well pumped 35 BO & 55 BW, GOR 2000.

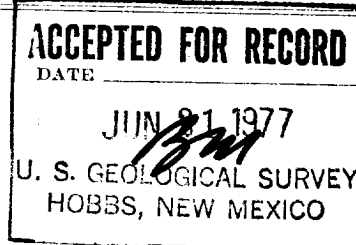
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Asst. Dist. Supt.

DATE 6-17-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side

RECEIVED  
JUN 20 1977  
CALIFORNIA STATE ARCHIVES  
SACRAMENTO, CALIF.