

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1421.  
LEASE DESIGNATION AND SERIAL NO.

LC-034075

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR P.O. Box 728 Hobbs, New Mexico 88240		8. FARM OR LEASE NAME C.J. Saunders Federal
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.		9. WELL NO. 4
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708' (DF)	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 NM

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) \*

1. Rig Up. Install BOP. Pull rods, pump and tubing.
2. Clean out to 4030' (TD).
3. Shoot 100' open hole 3920'-4020' w/300 grain primer cord. Clean Out.
4. Shoot 100' open hole 3920'-4020' w/500 grain primer cord. Clean out.
5. Acidize open hole section 3870'-4020' w/2000 gal 15% NE Acid.
6. Install Pumping equipment. Test and return to production.

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

SIGNED \_\_\_\_\_ TITLE Asst. Dist. Supt. DATE 6-13-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**  
 JUN 15 1977  
 BERNARD MOROZ  
 ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side