

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

Form approved.
Budget Bureau No. 42-R1424

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"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-034075																				
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -																				
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME -																				
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 1980' FSL & 1980' FWL of Sec. 18, T-19-S, R-37-E, Unit Letter 'K', Lea County, New Mexico.		8. FARM OR LEASE NAME C.J. Saunders Fed.																				
14. PERMIT NO. Regular	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3708' (DF)	9. WELL NO. 4																				
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Eunice-Monument Grayburg San Andres																				
<table border="0"> <tr> <td colspan="2">NOTICE OF INTENTION TO:</td> <td colspan="2">SUBSEQUENT REPORT OF:</td> </tr> <tr> <td>TEST WATER SHUT-OFF <input type="checkbox"/></td> <td>PULL OR ALTER CASING <input type="checkbox"/></td> <td>WATER SHUT-OFF <input type="checkbox"/></td> <td>REPAIRING WELL <input type="checkbox"/></td> </tr> <tr> <td>FRACTURE TREAT <input type="checkbox"/></td> <td>MULTIPLE COMPLETE <input type="checkbox"/></td> <td>FRACTURE TREATMENT <input type="checkbox"/></td> <td>ALTERING CASING <input type="checkbox"/></td> </tr> <tr> <td>SHOOT OR ACIDIZE <input type="checkbox"/></td> <td>ABANDON* <input type="checkbox"/></td> <td>SHOOTING OR ACIDIZING <input checked="" type="checkbox"/></td> <td>ABANDONMENT* <input type="checkbox"/></td> </tr> <tr> <td>REPAIR WELL <input type="checkbox"/></td> <td>CHANGE PLANS <input type="checkbox"/></td> <td>(Other) <input type="checkbox"/></td> <td></td> </tr> </table>		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 type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>	REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>		11. SEC., T., R., E., OR BLK. AND SURVEY OR AREA Sec. 18, T-19-S, R-37-E
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		12. COUNTY OR PARISH Lea,																				
		13. STATE New Mexico																				

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. Pull production equipment & install BOP.
2. Clean out to TD 4020'.
3. Perforate 4 1/4" Open Hole w/1-JSPF from 3772'-3780', 3904'-3908', 3912'-3930', 3947'-3956', 3961'-3972', 3975'-3979', & 3985'-3989'.
4. Set packer @ 3848'.
5. Acidize open hole 3870'-4020' w/2500 gal. 15% HCL & 1000 gal. SAF Mark II In 4 equal stages using 350# salt between stages.
6. Flush w/treated water.
7. Run production equipment, test, and place on production. On 24 hr. Potential Test, Well pumped 38 BO & 36 BW, GOR 922.

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

SIGNED *U. G. Smith* TITLE Asst. Dist. Supt. DATE 10-19-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

U. S. GEOLOGICAL SURVEY
HOBBBS, NEW MEXICO