

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Oil Instruction on re-
verse)Form approved
Budget Bureau No. 42-R1121

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.)

5. LEASE DESIGNATION AND SERIAL NO.

LC-032099(1)

6. IF INDIAN, ALLIGEE CERTIFICATE NO.

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

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

12. COUNTY OR PARISH

13. STATE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

3. ADDRESS OF OPERATOR

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

660' F54+ 665' FFA 8 sec. 1, T-22S, R-36E

Lea County, New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, CR, etc.)

3471' GL

12. COUNTY OR PARISH

13. STATE

Lea

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☒

FRACTURE TREAT

SHOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

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 perti-
nent to this work.)*

It is proposed to cement squeeze perforations 3630-3635'
and 3635-3640' with 50 sacks of class 'C' cement to shut
off water. Acidize with 1500 gal of 15% LSTHE acid
and restore the well to production.

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

SIGNED

M. E. [Signature]

TITLE

Adm. Supervisor

DATE

11-13-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

USGS(5) File