

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(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. N1 058677
2. NAME OF OPERATOR Petroleum Corporation of Texas		6. INDIAN, ABBOTTE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 911 Breckenridge, Texas 76024		7. UNIT AGREEMENT NAME Bate Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit Letter "F", 1980' FNL & 1980' FWL, Section 22, Township 8-S, Range 36-E		8. FARM OR LEASE NAME
14. PERMIT NO.	15. ELEVATIONS (Show whether DE, RT, GR, etc.) 4090' GL	9. WELL NO. 2
		10. FIELD AND POOL, OR WILDCAT UNDESIG. SAN ANDRES Petrone, G. S. South
		11. SEC., T., E., M., OR BLE. AND SURVEY OR AREA Sec. 22, T-8S, R-36E
		12. COUNTY OR PARISH Roosevelt
		13. STATE New Mexico

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 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"/>	
(Other) Squeeze & Reperforate <input checked="" 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.)*

Gentlemen:

We think we have communication between the production perfs. 4810' - 24' and, the squeeze perfs. @ 4800'. We plan to squeeze thru production perfs. w/100 sacks cement w/2% KCL and, 200 sacks neat cement.

We will then perforate same zone.

RECEIVED

FEB 20 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED Arthur Boice TITLE Division Superintendent DATE Feb. 16, 1979

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
FEB 20 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side.