

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN REVERSE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO. LC 045708B

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 [X] GAS WELL [] OTHER []
2. NAME OF OPERATOR Imperial American Management Company
3. ADDRESS OF OPERATOR 215 Mid America Bldg., Midland, Texas 79701
4. LOCATION OF WELL 1980' FSL & 660' FWL
14. PERMIT NO. 15. ELEVATIONS 3453' GR
12. COUNTY OR PARISH Lea 13. STATE New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF [] PULL OR ALTER CASING [] WATER SHUT-OFF [] REPAIRING WELL []
FRACTURE TREAT [] MULTIPLE COMPLETE [] FRACTURE TREATMENT [] ALTERING CASING []
SHOOT OR ACIDIZE [X] ABANDON* [] SHOOTING OR ACIDIZING [] ABANDONMENT* []
REPAIR WELL [] CHANGE PLANS [] (Other) []

(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. Set cast iron bridge plug in 7" casing. Load hole with 2% KCL water. Test bridge plug to 2500 psi (under packer).
2. Perforate casing opposite Tubb Zone with 15-20 holes, 6626-42' and 6648-66'.
3. Go in hole with tubing
4. Spot acid across perforations.
5. Set packer above perforations.
6. Breakdown formation. Acidize with 3,000 gallons.
7. Swab and test.

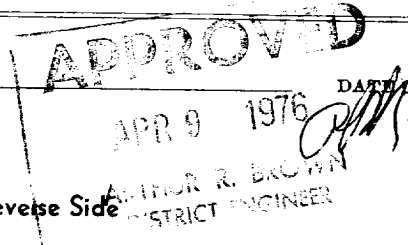
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE Agent DATE 4/7/76

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Signature] DATE [Signature]

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

RECEIVED

APR 13 1976

OIL CONSERVATION COMM.
LEBBS, H. M.