

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN 3 PLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R142+

5. LEASE DESIGNATION AND SERIAL NO.

LC 029548 (a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. A. Russell

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

11. SEC., T., R., M., OR BLE. AND
SURVEY OR AREA

Sec. 18, T17S, R31E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3705' GR

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

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 pertinent to this work.)*

Production from Jackson zone perforations 3410-35 & 3456-65 has declined to less than 1 BFPD. We propose to prepare this well for waterflood response by perforating w/1 JS @ 2941, 2942, 2943, 2944, 2971, 2972, 2973, 3012, 3013, 3017, 3018, 3019, 3025, 3029, 3031, 3032, 3033, 3037, 3041, 3042, 3043, 3044, 3045, 3047, 3048, 3049, 3050, 3051, 3052, 3053, 3105, 3106, 3107, 3108, 3109 & 3110' (36 holes). Treat these perfs w/2000 gallons of 15% HCl acid and ball sealers and return well to production. Present perfs will be left open in case of waterflood response.

RECEIVED
SEP 29 1970
D. C. C.
ARTESIA, OFFICE
RECEIVED
SEP 28 1970
U. S. GEOLOGICAL SURVEY
ARTESIA

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

SIGNED

W. D. Butcher

TITLE

Dist. Drlg. Supervisor

DATE

9/25/70

(This space for Federal or State office use)

APPROVED
SIGNATURES OF APPROVAL, IF ANY:

TITLE

DATE

SEP 28 1970

R. L. BECKMAN

ACTING DISTRICT SUPERVISOR

*See Instructions on Reverse Side