

OCC COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
NM 28641

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Manzano Grande Fed.

9. WELL NO.
1

10. FIELD AND POOL, OR WILDCAT
Undesignated Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 5, T24S, R26E

12. COUNTY OR PARISH 13. STATE
Eddy New Mex.

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 GAS WELL OTHER

2. NAME OF OPERATOR
PETROLEUM DEVELOPMENT CORPORATION ✓

3. ADDRESS OF OPERATOR
9720 B Candelaria NE, Albuquerque, NM 87114 **RECEIVED**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
660' FSL, 2130' FEL, **JAN 8 1979**

O. C. S.
ARTESIA OFFICE

14. PERMIT NO.

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

3507 G.L.

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) recomplete in same formation

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 pertinent to this work.)*

1. Pull tubing conveyed guns to check for complete firing; re-perforate if necessary.
2. Pressure test on top of plug at 11469' to determine if leaking.
3. Isolate zones 11282-296 and 11350-360 with bridge plug and packer to check for water production.
4. Squeeze cement or isolate water production.
5. Acidize or fracture-treat above zones as need is indicated.
6. Place well back on production.

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

SIGNED

Charles W. Sanders
Charles W. Sanders

TITLE Vice President

DATE 12/22/78

(This space for Federal or State office use)

APPROVED BY

Joe S. Lara

TITLE ACTING DISTRICT ENGINEER

DATE JAN 5 1979

CONDITIONS OF APPROVAL, IF ANY: