

COPY TO O. C. C.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate*
(Other instructions on 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 0556094	
2. NAME OF OPERATOR PETROLEUM DEVELOPMENT CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
3. ADDRESS OF OPERATOR 9720 B Candelaria, NE, Albuquerque, NM 87112		7. UNIT AGREEMENT NAME --	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from the east line, 1980' from the north line, Sec. 33, T18S, R32E		8. FARM OR LEASE NAME PEDCO GULF FED. COMM.	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3698 G.L.		10. FIELD AND POOL, OR WILDCAT Undesign. N. Lusk Morrow	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 33, T18S, R32E	
		12. COUNTY OR PARISH Lea County	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Intermediate casing	

(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.)*

Ran 108 jts. 8-5/8" 24# casing, set @ 4180'. Cemented 1st stage w/500 sx. Hall. Lite w/15# salt & 1/4# Flocele, 150 sx. Class "C", 2% CaCl₂, 1/4# Flocele. DV tool @ 1317'. 2nd stage 375 sx. Hall. Lite w/1/4# Flocele per sk., 100 sx. Class "C". Circulated 44 sx., plug down @ 7 pm 6/30/79.

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

SIGNED *Charles H. Anderson* TITLE Vice President

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE 7-3-79

ACCEPTED FOR RECORD
JUL 5 1979
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*See Instructions on Reverse Side

1080
CHROMA

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JUL 10 1973

O.C.D. HOBBS, OFFICE