

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on re-
verse 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 recomplete 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. NM-053646-A
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P. O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 1980' from the South Line, and 1980' from the East Line of Section 8, T-25-S, R-36-E, Lea County, N. M.		8. FARM OR LEASE NAME C. Elliott Federal
14. PERMIT NO. Regular		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3180' (D. F.)		10. FIELD AND POOL, OR WILDCAT Undesignated
		11. SEC., T., R., M., OR BLM. AND SURVEY OR AREA Sec. 8, T-25-S, R-36-E
		12. COUNTY OR PARISH Lea
		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 <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 checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input 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.) *

The following work has been completed on subject well:

1. Acidize 11,949' to 12,072' with 20,000 gals gelled acid in two stages with 10 ball sealers between stages. Swab well. Set retrievable bridge plug at 11,935' and dump 10' of sand on top of plug.
2. Perforate 2 7/8" O. D. Casing with 2 jet shots at 11,688', 11,720', 11,745', 11,749', 11,791', 11,799', 11,822', 11,870', 11,903', and 11,908'. Acidize with 1000 gals 15% regular acid with ball sealers. Re-acidize with 15,000 gallons gelled retarded acid.
3. Swab well, recover load, Test, and return well to production.
4. On 24 Hour Potential Test well Swabbed 31 BBL Oil & 30 BBL Water ending 7:00 A. M. June 11, 1966. GOR - 387, GRAVITY - 41.

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

SIGNED

Dan Gillett
Dan Gillett

TITLE

Assistant District
Superintendent

DATE June 14, 1966

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUN 17 1966

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER