

M. O. C. C. COPY

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 to pump 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. N M 17213	
2. NAME OF OPERATOR Norman K. Barker ✓		6. IF INDIAN, ALLOTTEE OR TRIBE NAME N / A	
3. ADDRESS OF OPERATOR P. O. Box 277 - Roswell, New Mexico 88201		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 660' from North & West lines of Section 27, Township 12 South, Range 27 East, NMPM. Chaves County, New Mexico.		8. FARM OR LEASE NAME Phillips-Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3567 GR		10. FIELD AND POOL OR WILDCAT Wildcat Discovery	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, Twp. 12 S. Rge 27 E., NMPM	
		12. COUNTY OR PARISH Chaves	
		13. STATE New Mexico	

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 COMPLETION <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" 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 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.)*

I propose to reacidize this well according to recommendations proposed by Dowell as to type and quantity of acid. A LYNES open-hole packer will be set at approximately 1850 feet on the 2 3/8" tubing. The estimated date of starting this work is September 2, 1975.

RECEIVED
AUG 8 1975
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Norman K. Barker TITLE Operator DATE August 7, 1975.

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

GOVERNMENT
OF THE DISTRICT OF COLUMBIA
OFFICE OF THE ATTORNEY GENERAL
WASHINGTON, D.C. 20540
JAN 12 1970
UNITED STATES DEPARTMENT OF JUSTICE