2-5-70:

Form 9-331 (May 1963)

NAME OF OPERATOR

14. PERMIT NO.

FRACTURE TREAT

REPAIR WELL

(Other)

SHOOT OR ACIDIZE

16.

2-6-70:

Cmt w/200 sx class H w/6% Gel,  $12\frac{1}{2}$ # Gilsonite,  $\frac{1}{2}$ # Floseal. 400 sx class H w/2% CaCl,  $\frac{1}{2}$ # Floseal. Plug down @ 5:00 AM 2-6-70. Cmt did not circ - filled w/ready-mix cmt to surface. Press test to 1500 PSI for 30 min - test OK. WOC 18 hrs.

2-9-70:

@ 1614' RKB. Cmt w/200 sx class H, 2% CaCl. Plugged down @ 130 A.M. 2-9-70. Press test to 1500 PSI for 30 min - Test OK. WOC 18 hrs.

## RECEIVED

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IJ, S. GTOLOGICAL SURVEY SALUTED REAL MEXICO

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18. I have a greatly that may be the stirne and correct	TITLE _	ARTESIA, OFFICE Agent	DATE 2-9-70	
APPROVED BY CONDITIONS OF ARREST VAN. Tr ANY:	TITLE _		DATE	<u></u>
CCEPTED FOR RECORD PROPERTY.  CCEPTED FOR RECORD PROPERTY.  TR 1 1 1970  *Se	e Instruct	ions on Reverse Side		

ACTING