

UNITED STATES N. M. O. G. C. COMMUNICATE
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		RECEIVED		5. LEASE DESIGNATION AND SERIAL NO. LC 028731(A)	
2. NAME OF OPERATOR SUN OIL COMPANY		JAN 7 1972		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 1861, Midland, Texas				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 1650' NSL, 1650' WEL Sec. 22, T-17-S, R-29-E		ARTESIA, OFFICE		8. FARM OR LEASE NAME M. Dodd "A"	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3595'		9. WELL NO. 12	
				10. FIELD AND POOL, OR WILDCAT Grayburg Jackson	
				11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA Sec. 22, T-17-S, R-29-E Unit J	
				12. COUNTY OR PARISH Eddy	
				13. STATE N. M.	

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input checked="" type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<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.)*

Starting Date 1-3-72

- 1) RUPU, Pull rods and tubing.
- 2) Perforate w/LJSF as follows: 3155, 58, 61, 64, 67, 70, 73, 76, 79, 83, 86, 89, 91. Total 13 holes.
- 3) Spot 200 gal 15% NE-HCl acid across perfs. with 2-7/8" frac string.
- 4) Sand frac w/30,000 gallons gelled brine water and 30,000 lbs 20/40 sand in two stages using benzoic acid flakes as a diverting agent.
- 5) POOH
- 6) Run 2-3/8" OD tubing and seating nipple.
- 7) Test well.

Verbal approval 1-4-72 by R. L. Beckman

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

SIGNED Charles Gray TITLE Proration ClerkDATE 1-4-72

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED
Verbal
JAN 8 - 1972
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side