

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029342 (A)

## 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"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Sun Texas Company		8. FARM OR LEASE NAME Woolley Federal	
3. ADDRESS OF OPERATOR P. O. Box 4067, Midland, Texas 79704		9. WELL NO. 3	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit K, 1980' FSL & 1650' FWL		10. FIELD AND POOL, OR WILDCAT Loco Hills-ABO	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 21, T-17-S, R-30-E	
15. ELEVATIONS (Show whether DF, AT, GR, etc.) 3645' DF		12. COUNTY OR PARISH Eddy	
		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

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

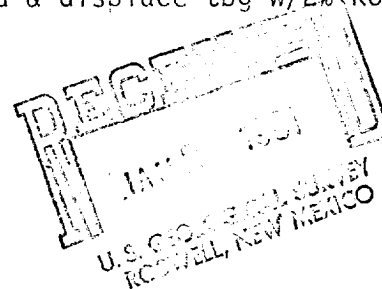
ABANDONMENT\*

(Other)

(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.)\*

1. GIH w/tbg & treating packer.
2. Spot 100 gals. MOD 202 Acid across perfs 6818'-6718'. Set pkr @ 6700'±.
3. Acidize w/1000 MOD 202 Acid (all acid to contain 1 gal./1000 HAI-50 & 5 gals./1000 Morflo II) in the following manner:  
Pressure backside of tubing to 200 psi. Pump 450 gals. acid, not exceeding 5 BPM or 2000 psi & let soak 30 mins. Pump remaining acid & displace tbg w/2% KCl water containing 1 gal./1000 Morflo II.
4. Swab back load.
5. Put well on pump and test.



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

SIGNED

R. J. O'Neal

TITLE

Regional Operations Supt.

DATE

1-16-81

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JAN 22 1981

DISTRICT SUPERVISOR

\*See Instructions on Reverse Side