Form 9-331 (May 1963)

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

ITED STATES SUBMIT IN THE OPERATION (Other instruct verse side)

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

ICATE*

Form approved. Budget Burean No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO.

10 060520 3

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.)			6. IF INDIAN, ALLOTTER OR TRIBE NAME		
name of operator			8. FARM OR LEASE NAME Trect No. 2		
3. ADDRESS OF OPERATOR	67 Loca Wills, New Mexico		9. WELL NO. 10		
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310 311 330 971			10. FIELD AND POOL, OR WILDCAT		
Ted. 23, 7 17 °, 6 30 °, 7 day County, New Mexico			11. SEC., T., E., M., OR REK. AND SURVEY OR AREA 23-17-30		
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH		
	Appropriate Box To Indicate Nature of No		her Data		
NOTICE OF INT	<u></u>	SHUT-OFF	REPAIRING W	TELL	

(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 sones pertinent to this work.) *

FRACTURE TREATMENT

(Other) .

SHOOTING OR ACIDIZING

Cleaned well out to TD 3033, tested 7" csg. to 2700 psi, rem GRM & caliper logs, treated well down 7" csg. vita 70,000 gal gelled water & 45,000 galgelled water & 45,000 g Max treating press. 2400 psi, Ave. press 2100 1 38.2 Bpm. ISDP 1700 psi, 10 min 1650. Shut well in 36 hrs., washed out to TD, ran tubing, rods, and pump and returned well to production.

MANO 1971

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RECEIVED

ALTERING CASING

JAN5 1977 U. S. GEOLDS THE DATES ARTESIA NEW ACCIONA

\circ	"ICE		
18. I hereby certify that the foregoing is true and correct SIGNED	TITLE District uperintencent	DATE 4 January 1971	
(This space for Federal or State office use)			
APPROVED BY	TITLE	DATE	

*See Instructions on Reverse Side