

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other Instructio.
verse side)TP
reForm 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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER	RECEIVED JUN 12 1978 U.S. GEOLOGICAL SURVEY HOBBS, NEW MEXICO RECEIVED AUG 28 1978 D.C.C.	7. UNIT AGREEMENT NAME Pending Communitization
2. NAME OF OPERATOR Exxon Corporation		8. FARM OR LEASE NAME Red Lake Fed. Com.
3. ADDRESS OF OPERATOR P. O. Box 1600, Midland, Texas 79702		9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State Requirements. See also space 17 below.) At surface 1980' FSL & 810' FWL of Section		10. FIELD AND POOL, OR WILDCAT Wildcat
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3388	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 6, T 18S, R-24-E
		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	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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 checked="" type="checkbox"/>
(Other)	<input checked="" type="checkbox"/> Recomplete in new zone		

(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 to all markers and zones pertinent to this work.)*

1. Killed well W/BR water. Pull tbg and pkr out of hole.
2. Set BP on WL@9029' W/35' Cement on top.
3. Ran tbg. in hole, set packer at 7120'.
4. Perforate 4½" esg. from 7260-7272, 7286-7300, 1SPF.
5. Spot acid across perfs from 7300 to 7260, reset pkr @ 7100; acidized perfs w/2000 gals. inhibited NE 15% HCL, acidized w/ball sealers @2.5BPM. MAX Pressure 5000#, ISIP 1600#, 15 min. 900#, had complete ball out.
6. Opened Well after 15 hrs SI. 0 Tbg pressure, ran swab fluid level 5100' from surface, swbd 4 hrs rec. 25 bbls load and acid wtr.
7. Opened well after 43 hrs SI, TPQ.
8. Well shut in temporary abandoned.

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

SIGNED S. J. ClemmerTITLE Unit HeadDATE 6-6-78

(This space for Federal or State office use)

APPROVED BY Joe L. LaraTITLE ACTING DISTRICT ENGINEERDATE AUG 25 1978

CONDITIONS OF APPROVAL, IF ANY: