



Form approved. Budget Bureau No. 42-R1424.

Form 5 (May 1963)

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Artesia, N.M. 88210

5. LEASE DESIGNATION AND SERIAL NO.  
NM-42410

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Comstock Federal

9. WELL NO.  
#1

10. FIELD AND POOL, OR WILDCAT  
Artesia Oil Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 12-18S-27E

12. COUNTY OR PARISH  
Eddy

13. STATE  
NM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3593' GR

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 type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<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.) \*

12/21/84 Perforated 2 shots per foot at 1987', 88,2002,03,04, 15,16,28,29,2039,40,46,47, & 48' Total of 28 shots. Acidized with 1500 gals 15% NEFE with 56 ball sealers.

12/22/84 Fraced well with 39,790 gals, 2% gelled KCL water and 305 sks 20/40 sand & 65 sks 10/20 sand

12/23/84 Flowed well back, ran 2077' of 2 3/8" tubing Ran 82, 3/4" rods & hung pump on well.

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

SIGNED [Signature]

TITLE Production Clerk

DATE 1/2/85

ACCEPTED FOR RECORD  
(This space for Federal or State office use)

APPROVED BY [Signature]  
CONDITIONS OF APPROVAL, IN 1985

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

Carlsbad, NEW MEXICO

\*See Instructions on Reverse Side