

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TR
(Other instructio
verse side)CATE*
on 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 type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Great Western Drilling Company	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
14. PERMIT NO.	12. COUNTY OR PARISH
15. ELEVATIONS (Show whether DP, RT, GR, etc.)	13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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.)*

2/2/83: FTP 150 psi on 3/4" choke, making mist of water. Closed well in @ 3:00 p.m.

2/3 - 8/83: Bypassed RTTS packer & circ. hole w/50 bbls. 2% KCL fresh water. Released Pkr. & retrieved BP, pulled out of hole. Ran Otis 5 1/2" Perma drill packer & set at 11,980'. Swabbed total of 240 bbls. water very little gas. Prep. to set BP above Pkr - Perf. & squeeze above BP - possible channeling behind csg. down to perforations.

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

SIGNED

TITLE

DATE

(This space for

Federal or State office use)

(ORIG. SGD.) DAVID R. GLASS

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 11 1983

MINERALS MANAGEMENT SERVICE
ROSWell, NEW MEXICO

See Instructions on Reverse Side

RECEIVED

FEB 14 1983

O. C. D.
ARTESIA, OFFICE