Forni 9-331 (May 1963)		STATES F THE INTERIO	SUBMIT IN TR (Other instructi R verse side)		iorm approve	u No. 42-R1424.
	GEOLOGI	CAL SURVEY			NM-055828	
	JNDRY NOTICES AN this form for proposals to drill Use "APPLICATION FOR			voir.	6. IF INDIAN, ALLOTTEE	***
1. OIL GAS WELL WE	L X OTHER				7. UNIT AGREEMENT NA	MD
2. NAME OF OPERATOR Temps International Petroleum Corp. (TIPCO)				8. FARM OR LEASE NAM Lowe-Federa	-	
<ul> <li>ADDRESS OF OPERATOR</li> <li>P. O. Box 4520, Centenary Station, Shreves</li> <li>LOCATION OF WELL (Report location clearly and in accordance with any see also space 17 below.)</li> </ul>			ort, La. 7110	94	9. WELL NO.	
4. LUCATOR OF WH See also space 17 At surface	1980' FNL & 760			EIVE 1 1975	10. FIELD AND POOL, OF COLDEN LEAN (MOTTOW & SURVEY OR ABEA SEC. 31, T	e Strewn) LK. AND
14. PERMIT NO.		10NS (Show whether DF, RT 6.64 GL	0.1		12. COUNTY OF PARISH Eddy CO.	13. STATE N.M.
16.	Check Appropriate	Box To Indicate Nati	ure of Notice, Re	port, or O	)ther Data	
NOTICE OF INTENTION TO:			SUBSEQUENT REPORT OF :			
TEST WATER SH FRACTURE TREAT SHOOT OR ACIDI2	E ABANDON*	MPLETE	WATER SHUT-OFF FRACTURE TREAT. SHOOTING OR ACT	MENT	REPAIRING W ALTERING CA ABANDONMEN Single Produc	SING
(Other)	CHANGE PLAN		(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)			
proposed work nent to this wo	D OR COMPLETED OPERATIONS (Cle If well is directionally drilled, k.)* iron bridge plug @	give subsurface location	s and measured and	true vertical	l depths for all markers	and zones perti-
12,166' 1	o 12,178' and 12,25	6' to 12.262')	Test Straw	m Zone	through perfor	ations

12,105' to 12,110'. Well produced excessive salt water.

Drilled out Bridge Plug @ 11,160'. Ran and set production packer @ 11,513'. (Strawn zone T.A. above packer). Acidize Morrow Zone using 3000 gallons .7-1/25 MS acid. Completed well in Morrow Zone through perfs 12,147' to 12,151'; 12166' to 12,178' and 12,256' to 12,262'. Showing @ daily rate of 125 mcf. F.T.P. 720 psi. Job completed 11/11/75.

	ENED		<i>,</i>
18. I hereby certify that/the foregoing is true and correct	Vice President-Operations	De la longitis Sidecinàli aminoria Mi, NEW MERICA	
SIGNED TITLE	Vice President-Operations	DATE 11/11/75	
(This space for Federal or State office use; APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	MOTRICT LINGI.	NOV S	
*See Instruct	tions on Reverse Side		