

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other Instru
verse side)DATE
and re-Form 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		5. LEASE DESIGNATION AND SERIAL NO. SW - 1017 LC - 050797	
2. NAME OF OPERATOR Cities Service Company		6. IF INDIAN ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 1919, Midland, TX 79702		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 1980' FWL of Section 15, T-20S, R-28E Eddy County, New Mexico		8. FARM OR LEASE NAME Government AC Com	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3241' GR		10. FIELD AND POOL, OR WILDCAT Wolfcamp	
		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA Sec 15 T-20S, R-28E	
		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:		SUBSEQUENT REPORT ON:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) Recomplete in Wolfcamp <input checked="" 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.)*

T.D. 11,520', PB 10,800'.

1. MIRU. Kill w/2% KCL water. Install BOP & pull tbq and packer.
2. Set CIBP at 10,525' and dump 50' cmt on top.
3. GIH w/open ended tbq and spot acetic acid 9200 to 9100'. POOH.
4. Perforate Wolfcamp LS 2 SPF 9113-9194' using 4" csg gun.
5. GIH w/Loc-Set Packer on 2-7/8" tbq and set at approximately 9060'. Swab in and test natural.
6. Acidize Wolfcamp perms. 9113-9194'.
7. Flow back treatment and test.
8. Run 4 point test and put on production.

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

SIGNED

TITLE Region Operations Mgr.

DATE 10-10-78

(This space for Federal or State office use)

APPROVED BY

TITLE ACTING DISTRICT ENGINEER

DATE

OCT 16 1978