

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. O. C. COPY
SUBMIT IN TRIPL
(Other instructions
verse side)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. NM 15003	
2. NAME OF OPERATOR Cities Service Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 1919 - Midland, Texas 79701		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 1980'FSL & 660'FEL of Sec. 10-T20S-R28E, Eddy Co., New Mexico		8. FARM OR LEASE NAME Government AB	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3265' GR		10. FIELD AND POOL, OR WILDCAT Undes. North Burton Flats- Wolfcamp Gas	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10-T20S-R28E	
		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 type="checkbox"/>
(Other)	<input checked="" type="checkbox"/>	Well completion data	<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. 11,449' Shale PBTD 11,336'. Shut-in waiting on pipeline connection. Drilled and cleaned out ot PBTD 11,336'. Spotted 100 gals Formic acid @ 9195' - 9095'. Perforated the Wolfcamp zone w/2-0.46" holes each @ 9114', 9117', 9120', 9124', 9128', 9130', 9133', 9136' and 9140'. Ran and set 2-7/8" OD tubing and a Baker Lok-Set packer @ 8985'. Swabb-ed well dry to 8000' and acidized thru Wolfcamp Perfs 9114' - 9140' w/3000 gals 15% DS-30 HCl acid w/additives, 1000 SCF Nitrogen/bbl. and 30 ball sealers. Max. press. 4500#, min. press. 1000#, Avg. Rate 4300#, AIR 4.5 B/M (2.5 B/M acid and 2.0 B/M Nitrogen), ISIP 3500#, 5 min. SIP 3200#, 10 min. SIP 2950#. Cleaned to pits for 18 hrs. recovering all load. Flowed on 4 point tests as follows:
40 hr. SITP 3042#.

Duration of Test	Choke	FTP	Back Press.	Rate of Gas
1 hr.	19/64"	2277#	600#	1650 MCFD
1 hr.	18/64"	2253#	600#	1150 MCFD
1 hr.	17/64"	2229#	600#	810 MCFD
1 hr.	16/64"	2230#	600#	580 MCFD

Produced 46 bbls. of 54.1° Grav. Distillate + 5 BW during 4 hr. test.

The Wolfcamp zone flowed on C.A.O.F. 1311 MCFD.

MAY 15 1975

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

SIGNED

TITLE Region Operation Manager

DATE May 13, 1975

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side