

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN ☐ REPLICATE*
(Other, inst. on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

L C 065421

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Bradley Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11, T-24 S, R 26-E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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 ☐ GAS ☐ OTHER ☒ Disposal

2. NAME OF OPERATOR

Thornton Hopper

3. ADDRESS OF OPERATOR

Box 121, Mentone, TX 79754

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

At surface

1980' 1320'
1650 FSL & 990 FEL of Sec. 11

14. PERMIT NO.

N/A

15. ELEVATIONS (Show whether DF, RT, GK, etc.)

3271 GL

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 perti-
nent to this work.)*

Pull tubing and packer from well

Ran gamma-ray neutron log

Perforated @ appx. 1969 - 1973 with 4 shots per foot

Acidized with 1000 gals of 15% H C L

Replaced packer in tubing as it was before

The reperforation and acidizing is to attempt to lower the injection pressure
to an acceptable level of 640 #Subject to
Like Approval
by StateRECEIVED
AUG 7 11 00 AM '87
CARTER SOURCE
AREA HEADQUARTERS

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

SIGNED

TITLE Agent

DATE 8-5-87

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 8-10-87

CONDITIONS OF APPROVAL, IF ANY: