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## UNITED STATES

SUBMIT IN TRIPLICATE.

Form approved.

9-33 196

	Budget	Burea	iu N	o. 42-R	142
LEASE	DESIGN	MOITA	AND	SERIAL	NO.

DEPARTN	5. LEASE DESIGNATION AND SERIAL NO.							
G	NM-15870							
SUNDRY NOTI	6. IF INDIAN, ALLOTTEE OR TRIBE NAME							
(Do not use this form for propos Use "APPLICA	등의 복중 이 불 등 통상							
Use "APPLICA	TION FOR PERMIT—" for	auch proposal CEI	VED					
OIL CAS CO				7. UNIT AGREEMENT NAME				
WELL WELL AND OTHER		17N 0 4 4/		밝혔었다. 그 학생생은				
2. NAME OF OPERATOR		JAW Z ] [	375	8. FARM OR LEASE NAME				
Champlin Petroleum Com	npany			Pecos-Federal Com.				
3. ADDRESS OF OPERATOR		O. C. C		9. WELL NO.				
701 Wilco Bldg., Midla	and, Texas 7970		ICE	<u> </u>				
<ol> <li>LOCATION OF WELL (Report location cl See also space 17 below.)</li> </ol>	early and in accordance wi	th any State requirements.	=0	East Carles and Show				
At surface		th any State requirements.	E5162	Undecimented World frame				
			3-1-76	11: SEC., T., R., M., OR BLK. AND				
1980' FWL & 660' FNL,	Unit Letter C	Extended on 1	975	2 4 4				
		17/1/20	, JONEY	Sec. 1, T-22-S, R-27-E				
14. PERMIT NO.	15. ELEVATIONS (Show whe	ther DF, RT, GR, etc.)	EL 50,100	12. COUNTY OR PARISH 13. STATE				
	3109 DF	ther DF, RT, GR, etc.)	El Sullo	Eddy - S New Mexico				
16. Check An	propriete Box To Indic	ate Nature of Notice, R	aport or O	ther Data				
		are realise distances in		ಕ ಕ್ರಾಡ್ ಕ ಕಕ್ಷಮ				
NOTICE OF INTENT	ION TO:	,	SUBSEQUE	NT-REPORT OF: DOG S				
TEST WATER SHUT-OFF P	ULL OR ALTER CASING	WATER SHUT-OF	עיז	E REPAIRING WELL				
FRACTURE TREAT M	ULTIPLE COMPLETE	FRACTURE TREA	TMENT X	ALTEBING CABING				
SHOOT OR ACIDIZE	BANDON*	SHOOTING OR A	CIDIZING X	ABANDONMENT*				
REPAIR WELL C	HANGE PLANS	(Other) Plug		X				
(Other)		(Norm: R Completio	eport results on or Recomple	of multiple completion on Well tion Report and Log form.)				
17. DESCRIBE PROPOSED OR COMPLETED OPER proposed work. If well is direction	ATIONS (Clearly state all penalty drilled, give subsurfer	rtinent details, and give per	tinent dates, i	ncluding estimated date of starting any				
nent to this work.) *		-	i true verticus	ASTO S S THE SOLES PELLI-				
Rigged up Pool Well Servi	ce on 1-6-75. I	Pulled 2-7/8" tubi	ing, set	5" cement retainer				
@ 11,290'. Squeezed Morr	ow perfs. 11,757	''-11,772' w/125 <sub>_</sub> s	acks Cla	ss "H" w/.6% Halad-9				
@ 5500# Reversed out 50	sacks. Set 7" o	ement retainer @	10,440.	Squeezed Strawn -				
perfs. 10,580'-10,608' w/	150 sacks Class	"H" w/.6% Halad@	_5500#.	Reversed out 15 sacks.				
Ran 2-7/8" tubing with Ba	ker Model "D" pa	cker and set pack	cer @ 934	0'. Perforated				
Wolfcamp w/2" tubing gun	9401', 9404', 97	'87' <b>-</b> 9796' (10 ho1	les) and	9802'-9806' (5 holes).				
Treated perfs. w/3000 gal	s. 15% DS-30 aci	d. Average Inj.	rate 5 B	PM, average pressure				
6400#, max. pressure 7000#. Dropped 16 ball sealers during treatment. Flowed back treat-								
ment in 6 hours w/GTS in 1 hr. Cleaned to pit, 3 hrs. on 3/4" choke, 60#T.P., gas 1090 MCF/D rate w/heavy spray of condensate. Cleaned 2 hrs. on 5/8" choke, 110# T.P.								
1090 MCF/D rate w/heavy &	pray of condensa	te. Cleaned 2 hr	s. on 5%	8" choke, 110# T.P.				
GAS 1240 MCF/D rate w/hea	vy spray of cond	ensate. 13 hrs.	SITP 320	O#. Flowed well				
for ten hours. Last 2 ho	urs average gas	715 MCF/D rate, 1	1.3 ворн	Fractured Wolfcamp				
perfs. w/15,000 gals. Wes	tpad "A" & 15,00	O gals. 20% serie	s 72 typ	e 20 acid atomized				
w/1,000 CF CO2/bb1. Stag	ed w/8 ball seal	ers. Avg. inj. r	ate 13 B					
7500# 1 max. pressure 890	O♯. Good ball a	ction, 600# incre	sed. IS	TP 3350, 10 min.				
3200# Flowed back treat	ment w/GTS in 45	minutes. Flowed	7 hours	, 800-850# T.P.				
w/heavy spray condensate	& acid water. I	ast hour appeared	to be c	leaning up				
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10 Y haraby savidy that the danger t-	two and courses		<u> </u>					
18. I hereby certify that the foregoing is	true and correct	•	net	<b>45</b> 8				
SIGNED Water Mra	TITLE	District Clerk	····	DATE Jan. 17, 1975				

\*See Instructions on Reverse Side

TITLE

(This space for Federal or State office use)

APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

Condition of the Condit