

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instruction reverse 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 proposal.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME Wood Canyon Unit	
2. NAME OF OPERATOR Chaparral Production, Inc.		8. FARM OR LEASE NAME Wood Canyon Unit	
3. ADDRESS OF OPERATOR 4815 S. Harvard, Suite 305, Tulsa, OK		9. WELL NO. 1 Y	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL and 1656 FEL NE/4		10. FIELD AND POOL, OR WILDCAT Wildcat	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 24-T24S-R25E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3856 Gr 3878 KB		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 COMPLETION	<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 checked="" type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.)*

12-24-74 Perf 11, 941-47 w/12 (.25) holes, Est. 500 MCF Gas w/0 Psi Pressure.
12-25-74 Acidized perfs w/1500 gal. 7½% Morrow acid. Tested 890 MCF on 3/4" choke 50 Psi pressure.
12-29-74 Perf 11, 943-47 w/4 (.40) holes. No increase in gas.
10-30-74 Acidized perfs w/3000 gal. 10% Morrow Acid using ball sealers. Recovered load w/Nowasco, tested water w/no gas.
11-30-74 Squeezed perfs 11, 941-47 w/100 sacks to 5000 Psi.
12-4-74 Perf 11, 941-46 w/10 (.40) holes. No gas.
12-5-74 Acidized w/1500 gal. 10% Morrow Acid. Show of gas, no water.
12-16-74 Fractured 5000 gal. 2% KCL water 30% Alcohol and 5000 gal. 20-40 Sand. Recovered load. Tested 129 MCF 1/12/75.

Well is currently shut in.

RECEIVED
FEB 26 1975
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Leslie M. Sarman TITLE Engineer DATE Feb. 19, 1975

(This space for Federal or State office use)

TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED BY
FEB 26 1975
K. L. BEEKING
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side