Form 9-331 (May 1963)	DEPARTI	UNITED STATES ML . OF THE I GEOLOGICAL SUR	NTEF		M RIPTTCATE* tio n re-		Form approve Budget Burea E DESIGNATION -0472258	u No. 42-R1424
		ICES AND REPO		; back to a different rese proposals.)			NDIAN, ALLOTTEE	
	AS EX OTHER			RECE	IVEL	7. UNIT	AGREEMENT NA	ME
2. NAME OF OPERA	TOR				7 1074	S. FARM	1 OR LEASE NAM	E
Black River Corporation			SEP 2	5 16.17	Cities Federal			
3. ADDRESS OF OPP	ERATOR					9. WELL	4 NO.	
620 Comm	ercial Bank 1	lower, Midland,	Texa	as 79701 🗖 🖷			4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*					10. FIELD AND POOL, OR WILDCAT			
See also space 1 At surface	17 Delov'.)					Washi	ngton Ran	ch-Delaware
						11. SEC	., T., R., M., OR B	
1877 <b>:</b> FN	IL 1650' FWL S	Section 34				s	UEVEY OR AREA	
						Sec.	34: T-25	-S, R-24-E
14. PERMIT NO.		15. ELEVATIONS (Show	whether	DF, RT, GR, etc.)		12. COD	NTY OR PARISH	13. STATE
Approved	l May 31, 1974	4 3715 GR				Eddy		New Mexico
16.	Check Ar	opropriate Box To Inc	dicate	Nature of Notice, R	eport, or C	) ther Do	ata	
	NCTICE OF INTEN	TION TO :		1	SUBSEQU	ENT REPO	ORT OF:	
	<b>[</b> ]	ſ			(	٦		[]
TEST WATER S	HUT-OFF	PULL OR ALTER CASING		WATER SHUT-OF	5°F	-	REPAIRING W	ELL
FRACTURE TREA	AT	MULTIPLE COMPLETE		FRACTURE TREA	TMENT	-i	ALTERING CA	.81NG
SHOOT OR ACID	IZE	ABANDON*		SHOOTING OR A	CIDIZING	_	ABANDONMEN	T*
REPAIR WELL		CHANGE PLANS		(Other)				
(Other)							ple completion opert and Log for	

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.)\*

The acid treatment performed on August 8, 1974, has resulted in recovering one (1) to two (2) barrels of water with light trace of oil each day. On August 28, 1974, the well was frac with 1,000 gallons M.S. acid and 850 pounds 20-40 sand. 3/4 pound to 1 pound sand per gallon. See attached xerox copy of treatment report for additional details. Commence unloading frac fluid.

RECEIVED

SEP 191974

U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO

18. I hereby certify that the foregoing is true and consistent signed from a source of the second signed of the second se	TITLEVice President	
(This space for Federal or State office use)		
APPROVED BY CONDITIONS OF APTROVAL, IF ANY:	TITLE	DATE
A BEERGY INTER	*See Instructions on Reverse Side	
ACTING DISTRICT		

## Instructions

local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. eral and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Fed-

State or Federal office for specific instructions. Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not scaled off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any cating, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site above plugs is mount, size, method of placed below, between and above plugs is amount. conditioned for final inspection looking to approval of the abandonment.



Form FS-8 (Rev. 11/66)  "Engineered Well Services"    GENERAL OFFICES - FORT WORTH, TEXAS    TREATMENT REPORT    DATE:  8-28-21/    Western District  Area Arra    Field Receipt No.  Stage No.    Operator  Stage No.    Field  Well No.    The Array  Location	1
Western District  Area Mini.  Field Receipt No.  Stage No.    Operator  Stage No.  Control Contro Control Control Contro Control Control Control Contro Control Co	1
Operator Black Diver Oil Co Lease Citiz Foo Well No. #	1
Field WFelling Location County	
WELL DATA:	LAD ARE
WELL DATA:  New Well Depth TD/PBFormationELA    Size Tubing Tubing PerfTOToToTo	Set At 1350
Size Casing 7" Wt. Set From D To To	
Size LinerWtSet FromTo	
Open Hole: Size From	10 13/8
Casing Perfs: SizeNo. Per Ft Intervals/366	10 1368
Previous TreatmentPrior Production?	5
	ACITIES & FLUID PUMPED:
	ng Cap
Tracting Eluid 1000 pols ms Frage w/ 11/2 Casi	ng Cap
	lar Cap.
Auxilliary Materials 25- 2-54 - Dent V-C - ADmit 1911	n Hole Cap d to Load
	Volume
	ting Fluid 24
	h <b>5.</b> 5
Over	flush
Toto	to Recover
Time Treating Pressure-F'si Bbl Fluid Inj. Rate AM/PM Tubing Casing Pumped BPM REMARKS- TEST I mes	
	·
1008 SLOOP PAD	
1609 1500 1400 6 5 Stret Frene 034	
1010 1700 1600 12 5 11 11 11	
1012+ 1200 1600 2.4 5 Stref Elush	
1014 1700 1650 30 3- AILFINSH	FIVED
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U.S. GEOL	CGICAL SURVEY
ARTESIA,	NEW MEXICO
Treating Pressure:  Min.  1000  Max.  1700  Avg.  1600  Customer Representative    Inj. Rate On Treating Fluid	· Jaralo Lynch
Ireating Pressure: Min Max Western Representative	Ricy incersis
Inj. Rate On Flush Distribution	
1.S.D.P	
Avg. Inj. Rate  Ison    I.S.D.P.  Ison    Final Shut-in Pressure  Ison    Operator Maximum Pressure  Ison	
Operator Maximum Pressure	
5.	
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