

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instruction on reverse side)

copy to SF  
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 <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Texas Pacific Oil Company Inc.</u>	8. FARM OR LEASE NAME <u>Phantom Draw Unit</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 4067 Midland, Texas 79701</u>	9. WELL NO. <u>1</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	10. FIELD AND POOL, OR WILDCAT <u>Phantom Draw (W.C.)</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 20, T-26-S, R-31-E</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>GR 3188'</u>	12. COUNTY OR PARISH <u>Eddy</u>
	13. STATE <u>New Mexico</u>

RECEIVED

ARTESIA, OFFICE

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 checked="" type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) <u>Additional Perforations</u>	<input checked="" 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 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.)

1. R.V. 10,000 psi lubricator. Perf Wolfcamp at 12,451-60'; 12,464-76'; 12,488-94'; 12,530-36'; 12,618-36'; 12,671-99'; and 12,724-28' w/1 SPF using magnetically decentralized 2" O.D. Jumbo-jet HSC tubing gun (6gm charges -90-.26" Holes)
2. Acidize Perfs w/15,000 gallons 20% HCl Acid.
3. Flow well back and test.

RECEIVED

MAY 02 1977

U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED W. J. McClintock TITLE Dist Oper Supt. DATE 4-29-77

(This space for Federal or State office use)

APPROVED BY Joe J. Lam TITLE ACTING DISTRICT ENGINEER DATE MAY 2 - 1977  
CONDITIONS OF APPROVAL, IF ANY: