

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM 13989

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		2. NAME OF OPERATOR Wood & Locker, Inc. /		3. ADDRESS OF OPERATOR 600 Energy Square, 505 N. Big Spring, Midland, Texas 79701		4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FNL & 990' FEL, Sec. 26, T-25-S, R-27-E		5. LEASE DESIGNATION AND SERIAL NO. NM 13989		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3075' GR, 3087' RKB		12. COUNTY OR PARISH Eddy		13. STATE New Mexico		7. UNIT AGREEMENT NAME ---		8. FARM OR LEASE NAME Amoco Federal	
10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-25-S, R-27-E		9. WELL NO. 1		10. FIELD AND POOL, OR WILDCAT Wildcat		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-25-S, R-27-E		12. COUNTY OR PARISH Eddy	
13. STATE New Mexico		14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3075' GR, 3087' RKB		12. COUNTY OR PARISH Eddy		13. STATE New Mexico		7. UNIT AGREEMENT NAME ---	

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>	WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>	FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>	(Other)	<input type="checkbox"/>		
(Other)				(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.)*

5-24-82 thru 7-22-82

1. Pulled rods, pump & tubing.
2. Set CIBP @ 6025' and capped with cement.
3. Perforate Bone Springs w/ 1-JSPD @ 5920', 22', 27', 29', 31', 43', 45', 47', 48' & 5949' (0.42" - 10 holes).
4. Acidize perms 5920' to 5949' w/ 2500 gals 15% HCL. Swabbed dry.
5. Frac'd perms 5920' to 5949' w/18,000 gals fresh water with 25,000# 20/40 sand.
6. Perforate Bone Springs w/ 1-JSPD @ 5877', 79', 80', 81', 82' & 5885' (0.42" - 6 holes).
7. Acidize perms 5877' to 5885' with 3500 gals 15% HCL.
8. Ran pump and rods and put on production 7-22-82.
9. Pumping Bone Springs perms 5877' to 5885' and 5920' to 5949'.

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

SIGNED [Signature] TITLE Drlg. & Prod. Manager

DATE 9-8-82

(This space for Federal or State use)

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

U.S. GEOLOGICAL SURVEY
ROSWELL, NEW MEXICO

See Instructions on Reverse Side