FRACTURE TREAT

REPAIR WELL

SHOOT OR ACIDIZE

## UNITED STATES

SUBMIT IN TRIPLICATE.

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

Form approved.

ALTERING CASING

ABANDONMENT\*

	MENT OF THE INTERION SEOLOGICAL SURVEY	OR (Other instructions on reverse side)	5. LEASE DESIGNATION  NM-03603-	
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.)			6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
OIL GAS WELL OTHER			7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR			8. FARM OR LEASE NAME	
WILLIAM C. RUSSELL			HAMMOND	
3. ADDRESS OF OPERATOR			9. WELL NO.	
745 Fifth Avenue, New York, New York 10022			41 10. FIELD AND POOL, OR WILDCAT Largo Chacra	
<ol> <li>LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)</li> <li>At surface</li> </ol>				
1570 FNL - 1140 FEL			11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  25, T 27 N, R 8 W	
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	PT CP ate	12. COUNTY OR PARISH	•
			_	
	<u> </u>	6,000 GR	San Juan	N.M.
16. Check Ap	propriate Box To Indicate No	iture of Notice, Report, or C	)ther Data	
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:		
TEST WATER SHUT-OFF	ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING W	FELL

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) (Other) 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.)\*

6-26-79Set squeeze packer at 3240, plug back T. D. Ran pressure test.

Spotted 1,000 gals 15% MCA on Chacra perforations. 6-27-79 Sand-water frac with 100,000# sand (20-40) and 100,000 gals water.

6-28-79 Dropped tubing - fishing.

6-29-79 Swabbed well; blowing; rigged down.

MULTIPLE COMPLETE

CHANGE PLANS

6-30-79 Blowing well to pit.

7- 1-79 Returned well to prodiction. RECEIVELL AUG 6.3 1979

18. I hereby certify that the foregoing is true and correct C . TITLE Operator SIGNED (This space for Federal or State office use)

APPROVED BY \_ CONDITIONS OF APPROVAL, IF ANY:

nunoce.

\*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER