

DISTRIBUTION  
 COUNTY  
 DISTRICT  
 OPERATOR  
 PERMITS OFFICE

**AUTHORITY TO OPERATE OIL AND NATURAL GAS**

**II. OPERATOR**  
 Name: Cleary Petroleum Corp.  
 Address: P.O. Box 2358, Midland, Texas 79701  
 Telephone: \_\_\_\_\_  
 New Well:  Change in Production:   
 Extension:  Other:   
 If there is a change of ownership, give name and address of previous owner: Teal Petroleum Co., P.O. Box 2358, Midland, Texas 79701

**III. DESCRIPTION OF WELL AND LEASE**  
 Well Name: New Mexico Federal Well No.: 1 Section: 34 Township: 21-S Range: 34-E County: Lea  
 Direction: North Distance: 1683 Feet East, 1650 Feet West  
 Line of Section: 4 Township: 21-S Range: 34-E County: Lea

**IV. DESIGNATION OF TRANSPORTER OF OIL AND GAS**  
 Name of Authorized Transporter of Oil:  Permian Corp. Address: P.O. Box 1183, Houston, Texas 77001  
 Name of Authorized Transporter of Gas:  Gas Co. of New Mexico Address: First International Bldg., Dallas, Texas 75272  
 If well produces oil or liquids, give location of tanks: F 4 21-S 32-E Yes  No   
 If this production is commingled with that from any other well, give well number: October, 1973

**V. COMPLETION DATA**

Designate Type of Completion - (X)	Drill Pipe	Drill Collar	Tool Joint	Tool Joint	Tool Joint	Tool Joint	Tool Joint	Tool Joint	Tool Joint
Rate Spotted									
Iterations (DF, KKB, RT, GR, etc.)									
Performances									

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**VI. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL**  
 Date First New Oil Run To Tanks: \_\_\_\_\_ Date of Test: \_\_\_\_\_  
 Length of Test: \_\_\_\_\_ Testing Pressure: \_\_\_\_\_ Casing Size: \_\_\_\_\_  
 Actual Prod. During Test: \_\_\_\_\_ Oil-Boils: \_\_\_\_\_  
**GAS WELL:**  
 Actual Prod. Test-MOP/D: \_\_\_\_\_ Length of Test: \_\_\_\_\_ MOP: \_\_\_\_\_ Grams of Condensate: \_\_\_\_\_  
 Testing Method (pilot, back pr.): \_\_\_\_\_ Testing Pressure (psi): \_\_\_\_\_ (psi-in) \_\_\_\_\_ Casing Size: \_\_\_\_\_

**VII. CERTIFICATE OF COMPLIANCE**  
 OIL CONSERVATION COMMISSION  
 I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information furnished above is true and complete to the best of my knowledge.  
 Signature: Mary Lee Powell  
 Title: AGENT  
 Date: 10-1-76

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE  
(Other instructions  
verse side)

Form approved by  
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 PERMITS" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.  
NM-14791

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
---

7. UNIT AGREEMENT NAME  
---

8. FARM OR LEASE NAME  
New Mexico Federal

9. WELL NO.  
# 1

10. FIELD AND POOL, OR WELDFIELD  
South Salt Lake

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA  
Sec. 14, T-21-S, R-32-E

12. COUNTY OR PARISH, STATE  
Logan, Utah

1. WELL TYPE  
OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
Teal Petroleum Company

3. ADDRESS OF OPERATOR  
P. O. Drawer 2358, Midland, Texas 79701

4. LOCATION OF WELL (Deposit location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface:  
1683' FNL & 1650' FWL

13. PERMIT NO. AND DATE OF ISSUE  
Letter of 2-9-73 365' GR

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

NATURE OF INTENTION TO:		SUBSEQUENT REPORT (E.I.):	
TEST WATER SHUT-OFF	<input type="checkbox"/>	COMPLETION	<input type="checkbox"/>
FRACURE TREAT	<input type="checkbox"/>	REPAIR OR MAINTENANCE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHUTTING OR ACIDIZING	<input checked="" type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	ABANDONMENT	<input type="checkbox"/>
		REWORKING WELL	<input type="checkbox"/>
		ALTERING CASING	<input type="checkbox"/>
		ABANDONMENT*	<input type="checkbox"/>

\*When Report results of multiple completion on Well (Completion or Regeneration Report and Log Form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Give in detail all pertinent details, and the pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and bearings, and true vertical depths for all markers and logs pertinent to this work.)\*

5-28-76 Acidized perms. 13,640-812' (106 holes) w/4000 gals of 7 1/2% Morrowflow acid w/1000 SCF of nitrogen/per hbl., using 110 ball sealers. Max Press 9300#, Min Press 7000#. Flushed w/60 bbls of 2% KCl w/1000 SCF Nitrogen/bbl. AIR 5 BPM + 3 BPM nitrogen equivalent or 8 BPM. (Rate 3 to 6 BPM) ISIP 7600#, 15 min 3400 PSI.

JUN 3 1976  
U. S. GEOLOGICAL SURVEY  
ROSWELL, NEW MEXICO

18. I hereby certify that the foregoing is true and correct:  
SIGNED \_\_\_\_\_ TITLE District Engineer DATE 6-2-76  
(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD  
JUN 8 1976  
U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side