

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

71-064428

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 GAS WELL OTHER

2. NAME OF OPERATOR
Texas Pacific Oil Company Inc.

3. ADDRESS OF OPERATOR
P.O. Box 4067, Midland Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface

Unit D, 660' FNL & 810' FWD

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Elliott B-9

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Drinkard

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

9, 22-S, 37-E

14. PERMIT NO.

15. ELEVATIONS (Show whether (E), RT, GR, etc.)

3436 DF

12. COUNTY OR PARISH

Dea

13. STATE

NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

GIH w/sand line & drill out 10' cement and CIBP at 6320'. Check PBTD - (should be 6574'). GIH w/CIBP and set at 6430' and cap w/ 2 sxs cement. Perforate Add. Drinkard zone (To be picked from CNB-GR-CCB log).
Set production packer at 6250', acidize w/3000 Gals 15% HCl Acid.
Put on line and test

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

SIGNED W.J. McClintock

TITLE Reg Oper Supt

DATE 5-18-79

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
MAY 31 1979
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side