

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other instructio
verse side)

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on re

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM-05876

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

DeKalb Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Bitterlake San Andres

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

Unit D, S-27, T-10-S
R-25-E, NMPM

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

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.)

OCT 18 1978

O. C. C.
ARTESIA, OFFICE

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Petroleum Corporation of Texas ✓

3. ADDRESS OF OPERATOR

P. O. Box 911 Breckenridge, TX 76024

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

Unit Letter "D", 990' FNL & 990' FWL, Section 27,
T-10-S, R-25-E

14. PERMIT NO.

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

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) Return shut-in well to production

(NOTE: Report results of multiple completion on Well
Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)*

Gentlemen:

We plan to return the above well to production. Production test will follow shortly.

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

SIGNED

Arthur H. Boice

(This space for Federal or State of)

TITLE Division Superintendent

DATE October 12, 1978

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE ACTING DISTRICT ENGINEER

DATE OCT 16 1978

