M. O. C. C. COPY SUBMIT IN TRIP DEPARTML OF THE INTERIOR

(Other Instruction	ı	re-	l					0. 12 1		
verse side)			5.	LEAS	E DESIG	NATION	AND	SERIAL	NO.	
				NM	1500)વે.≘	::	L	***	

	GEOLOGICAL SURVEY	NM 15003
	SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to despend on plus lack as a different reserve ED use "APPLICATION FOR PRIMIT—For such proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
1.		7. UNIT AGREEMENT NAME
	WELL WELL X OTHER MAR 1 9 1976	The day of the M
2.	NAME OF OPERATOR	S. FARM OR LEASE NAME
	Cities Service Oil Company	Government AB
3.	ADDRESS OF OPERATOR	9. WELL NO.
	Cities Service Oil Company ADDRESS OF OPERATOR Box 1919 - Midland, Texas 79 THTEBIA, OFFICE LOCATION OF WELL (Report location clearly and in accordance with any State requirements.)	1
4.		10. FIELD AND POOL, OR WILDCAT
	See also space 17 below.) At surface	Had. N. Burt. Flats Wlfcr
	1980'FSL & 1980'FWL of Sec. 11-T20S-R28E, Eddy Co., New Mexico	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 11-T2OS-R28F
14	. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	3571 * GR	Eddy New Mexico
16.	Charle Annuary at a Roy To Indicate Nature of Nation Parent of O	ther Detail

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

NOT	ICE OF INT	ENTION TO:	SUBSEQUENT	REPORT OF:	
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL		FULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS	(Other)	REPAIRING WELL ALTERING CASING ABANDONMENT* recomplete	x
(Other)			(Note: Report results of Completion or Recompletio	multiple completion on Well n Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting an 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.)*

O.T.D. 114h7' Shale PBTD 10925'. Workover complete. Well was flowing -O- Bbls. Dist. + gas @ rate of 2 MCFD thru Morrow perfs 11093 - 11319'. Respud 1-20-76. MIRU pulling unit and rulled tubing and packer set @ 10949'. Set a CIBP @ 10960' and dumped 4 sacks of cemert of top of CTBP @ 10960 - 10925'. Circulated hole with 192 bbls Brine Water. Spotted 100 gals 10% Acetic acid 9210 - 9110'. Pressured casing to 1500# - Held 0.K. Perforated the Wolfcamp zone w/2-0.11" holes each @ 9196', 9198', 9200', 9202', 9201', 9206' and 9208'. Ran and set 2-7/8" OD tubing and a Baker Lok-set packer @ 9093'. Swabbed part of load and swabbed dry. Acidized thru Wolfcamp perfs 9196 = 9208' w/2500 gals 20% HCl acid + 1000 SCF Nitrogen/bbl. + 20 ball sealers. Balled out. Max. press. 6800#, formation broke @ 6100#, min. press. 1825#, AIR 8.8 B/M (5.5 acid + 3.3 Nitrogen), ISIP 1,000#, 10 min SIP 3650#. Flowed 28 Bbls. Dist., Grav. 58.5° + 14 BLW/14 hrs + gas @ 507.1 MCFD thru 17/61 choke, FTP 1200#. Flowed 9 Bbls. Dist. + -0- BW/h hrst-gas @ rate of 1400 MCFD thru 1" choke, FTP 120#. Flowed on 4 pt. tests as follows: 27-1/2 hr SITP 2793#.

Time	<u>Choke</u>	FTP	Gas Rate
1 hr	15/6կ"	19117#	1580 MCFD
l hr	13/64"	1939#	1325 MCFD
1 hr	11/61:"	1995#	960 MCFD
1 hr	9/64"	2092#	710 MCFD

Produced 26 bbls 55.20 Grav. Dist. + O BW during 4 hr test. The Wolfcamp flowed on CAOF of 1230 MCFD. Workover was completed on 3-15-76.

18. I hereby certify that the foregoing is true and correct SIGNED	TITLE Region Operation Manager	DATE March 17, 1976
(This space for Federal or State office use)		
APPROVED TO APPROVAD, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side