

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
N. M. OIL CONS. COMM.  
Other instructions on reverse side  
HOBBS, NEW MEXICO 88240Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 055-6674

## 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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR MGF Oil Corporation		7. UNIT AGREEMENT NAME	
3. ADDRESS OF OPERATOR P. O. Box 360, Midland, Texas 79702		8. FARM OR LEASE NAME Amerada Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' FSL & 510' FWL, Section 3, T-12-S, R-33-E		9. WELL NO.	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT North Bagley, Penn	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4263' KB; 4251' GL		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 3, T-12-S, R-33-E	
		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) <input type="checkbox"/>		(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.)\*

- 1) Set EZSV retainer at 9446'.
- 2) RIH w/tubing, load hole, sting into retainer.
- 3) Squeeze Dallas perms. w/100 Sxs. Class "H" w/.4% CFR2 w/.5% Halad -22 A, unsting and reverse out.
- 4) Displace w/2% KCl and spot 250 gallons 15% HCl acid across Felmont (9300'-9405')
- 5) Perforate Felmont w/3 1/8" casing gun 1 JSPF @9300'-02, 04, 06, 13, 21, 23, 29, 58, 60, 61, 62, 9405, 06. (15 holes)
- 6) Set packer @9171'. Displace acid in perms with 2% KCl water.
- 7) Acidize Felmont zone with 6000 gallons 15% NE HCl acid and 27 ball sealers. Flush w/2% KCl water.

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

SIGNED

TITLE Division Operations Manager

DATE 7-21-82

(This space for Federal or State office use)

APPROVED BY (Orig. Sgd.) PETER W. CHESTER

TITLE

DATE

CONDITIONS OF APPROVAL JUL 27 1982

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

\*See Instructions on Reverse Side

RECEIVED

JUL 29 1982

O.C.D.  
HOBBS OFFICE