

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate  
(Other instructions on  
reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

29-073669

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

LONE STAR FEDERAL

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

SOUTH PRAIRE SAN ANDRES

11. SEC., T., R., M., OR NE. 1/4 AND  
SURVEY OR AREA

SEC 20-8S, -36E

12. COUNTY OR PARISH 13. STATE

ROOSEVELT 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR CARROLL H. NEELY	8. FARM OR LEASE NAME LONE STAR FEDERAL
3. ADDRESS OF OPERATOR Box 912 Lovington, New Mexico 88260	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FROM NORTH LINE AND 660' FROM EAST LINE SEC. 20-8S, 36E.	10. FIELD AND POOL, OR WILDCAT SOUTH PRAIRE SAN ANDRES
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) KB 4134
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) PLUG BACK ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETION ☐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.) \*

PROPOSE TO RECOMPLETE FROM WOLF CAMP FORMATION TO SAN ANDRES FORMATION-

PROCEDURE -

1. LEAVE RBP @ 9084 AND PULL PACKER

2. SET RBP @ 5047

3. PERFORATE SAN ANDRES FORMATION FROM 4970 - 4990

4. SET PACKER @ 4950 AND ACIDIZE WITH 1000 GALS MCA ACID

5. SWAB TEST WELL FOR PRODUCTION

6. WITH A SHOW OF OIL - WILL TREAT SECTION WITH 5000 GALS 15% NE ACID

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

SIGNED

TITLE OWNER

DATE 12/2/77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side