

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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

1

10. FIELD AND FOOTWALL DESIGNATION

SOUTHERN MARIE WOLFCAMP

11. SEC., T., R., M., OR BLK. 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.)

OIL WELL ☒ GAS WELL ☐ OTHER ☐

1. NAME OF OPERATOR

CARROLL H. NEELY

2. ADDRESS OF OPERATOR

BOX 912 LOVINGTON, NEW MEXICO

3. 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

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 ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☒

ABANDON\* ☐

REPAIR WELL ☐

CHANGE PLANS ☒

(Other) *Plug Back*

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT\* ☐

(Other) ☐

(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 MORROW GAS TO WOLFCAMP FORMATION.  
PROCEDURE:

1. PULL PACKER FROM MORROW AND SET RBP @ 9050'.
2. PERFORATE WOLFCAMP ZONE FROM 8966 - 8988.
3. SET PACKER @ 8900 AND TREAT ZONE WITH 1000 GALLONS MCA ACID. - SWAB TEST WELL.
4. WITH A SHOW OF OIL - WILL TREAT WELL WITH 5000 GALLONS 15% NE ACID AND PUT ON PRODUCTION.

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

SIGNED

*Carroll H. Neely*

TITLE OWNER

DATE 11-16-77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
NOV 16 1977  
ANTHONY R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side