

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

COPY TO O. C. C.

SUBMIT IN TRIPPLICATES
(Other Instructions on
Reverse Side)Form approved
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.NM-01334-B
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Holly Energy Inc.	8. FARM OR LEASE NAME Texaco Federal
3. ADDRESS OF OPERATOR P. O. Box 726, Artesia, N. M. 88210	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also page 17 below.) At surface 660' FSL, & 660' FWL, Sec. 27, T-7-S, R-35-E, Roosevelt County, New Mexico.	10. FIELD AND POOL, OR WILDCAT Todd San Andres
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-7-S, R-35-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4204' GL	12. COUNTY OR PARISH Roosevelt
	13. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <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.) *

Texaco Federal #1 was put back on production in June of 1978 and has since declined to where we are selling no gas.
The well is perforated from 4253' - 4265' (2 shots per foot) 4200', 4203', 4206', 4210', and 4213' (1 shot per foot).
We propose to perforate 4167'-4169' and 4174'-4178' with 1 shot per foot and acidize if necessary.

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

SIGNED Robert Loyd

TITLE

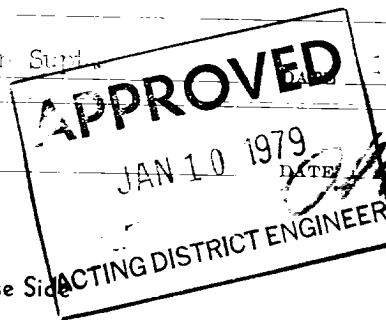
Production Supt.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side