

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-01334-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Texaco Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Todd San Andres

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 27, T-7-S, R-35-E

12. COUNTY OR PARISH 13. STATE

Rossevelt

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Holly Energy, Inc.

3. ADDRESS OF OPERATOR

P. O. Box 726, Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface

660' FSL, & 660' FWL, Sec. 27, T-7-S, R-35-E, Roosevelt  
County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4204' GL

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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON\* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Return to production ☒

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.) \*

1. Pull tubing and packer.
2. Washed casing perforations 4253-4265' with 50 barrels fresh water.
3. Reran tubing with packer set at 4223'.
4. Swab well in and return to production on 6-1-78.
5. Potential tested well on 6-2-78 with tubing pressure 40 psi, 21/64" choke, 250 MCFPD.
6. Gas sold to Cities Service.

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

SIGNED /s/ Robert Loyd

TITLE District Supt.

DATE 6-12-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE 6-12-78

JUN 12 1978

U. S. GEOLOGICAL SURVEY  
HOBBS, NEW MEXICO

\*See Instructions on Reverse Side