

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-01334-A 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 ☐ 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 and 660' FWL of Section 27, T. 7-S,
R. 35-E, Roosevelt County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
4204' GL

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
Roosevelt

13. STATE
New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

FULL OR ALTER CASING

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☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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.)*

Well is perforated from 4253 - 4265' (2 shots per foot) at 4200', 4203', 4206', 4210' and 4213 (1 shot per foot).

We have tried to swab well several times with no results.

~~We propose to perforate well 4167-4169 and 4174-4178' (1 shot per foot).~~

Present perforations will be cleaned and acidized if necessary.

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

SIGNED Robert Loyd

TITLE Superintendent

DATE May 14, 1978

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

DATE

MAY 24 1978

A. A. L.

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER