

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.

LC-060521

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Perry Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

South Prairie

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

Sec. 17, T-8S, R-36E

12. COUNTY OR PARISH

Roosevelt

13. STATE

N.M.

1.

OIL ☒ GAS ☐
WELL WELL OTHER

2. NAME OF OPERATOR

J. M. HUBER CORPORATION

3. ADDRESS OF OPERATOR

1900 Wilco Building, Midland, Texas 79701

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

Unit Letter P, 660' FEL & 660' FSL, Sec. 17, T-8S,
R-36E

14. PERMIT NO.

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

4412.4 GR.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<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.) *

MIRU Well Service unit and pull production equipment. Pickup 3-7/8" bit, 4 3-1/8" drill collars and GIH w/2-3/8" tubing workstring. Clean out wellbore to PBTD of 5011'. Spot 2,000 gallons 15% acid if necessary. Swab test well and return to production.

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

SIGNED

Robert G. Setzler

TITLE Dist. Production Mgr.

DATE May 9, 1978

(This space for Federal or State use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

