

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPT
(Other instructions
verse side) TR*
re-Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

Federal NM-0554778

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Champlin Petroleum Company		8. FARM OR LEASE NAME Lauck-Federal	
3. ADDRESS OF OPERATOR P. O. Box 872, Midland, Texas 79701		9. WELL NO. 10	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, Section 29, T-7-S, R-33-E Unit Letter "L"		10. FIELD AND POOL, OR WILDCAT Chaveroo - San Andres	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-7-S, R-33-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4403 GR		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) To correct initial report <input checked="" 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) To correct initial report <input checked="" 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.)*

Drilled 7-7/8" hole to T.D. 4438'. Set 4½", 9.5# Limited Service Casing at 4438' with 325 sacks Incor Posmix and 8# salt per sack. Plugged down at 2 P.M. 3-31-66. Tested casing and blow out preventers to 2000# with water for 30 minutes. Tested O.K. 4 P.M. 4-1-66. Perforated with 2 shots each interval @ 4186, 4193, 4222, 4251, 4259, 4279, 4295, 4301, 4314, 4327 & 4340. Acidized with 500 gals. 10% acetic acid. Swabbed load back. Fraced with 50,000 gals. gelled formation water and 40,000# 20-40 sand using ball sealers. Pumped load back. Ran tubing and bottom hole pump for completion. Pump 44 bbls. oil and 76 bbls. water in 24 hours 4-26-66.

Note: Correction made on perforated interval only.

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

SIGNED Walter M. RandolphTITLE District ClerkDATE 9-30-69

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE OCT 9 1969

U. S. Geol. Survey, Hobbs District