16.

SUBMIT IN TRIP

TR+

Form approved. Budget Bureau No. 42-R1424.

i.	LEASE	DESIGNATION	AND	SPRIAL	NO.
1	MM O	46 <del>7</del> 035± A			

	DEPART	MENI OF THE INTERIOR verse side)	5. LEASE DESIGNATION AND SERIAL NO.
		MENT OF THE INTERIOR verse side)  GEOLOGICAL SURVEY  HOBBS OFF	NM 0467935-A
	SUNDRY NOT  (Do not use this form for proporties "APPLICA")	ICES AND REPORTS ON WELLS rals to drill or to deepen or plug back to a different re-	*71 , L'H
i.	OIL X GAS OTRER		7. UNIT AGREEMENT NAME
2.	NAME OF OPERATOR  Southwestern Natural G	as. Inc.	8. FARM OR LEASE NAME Federal 30
3.	ADDRESS OF OPERATOR  900 Bank of the Southw		9. WELL NO. 2
4. LOCATION OF WELL (Report location clearly and in accordance with any State require See also space 17 below.) At surface			Chaveroo
	1980 FNL & 660 F	Sec 30, T-7-5, R-33-E	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH 13. STATE
	<u></u>	4429 GR	Roosevelt New Mexico

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF		
TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING MULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF  FRACTURE TREATMENT  SHOOTING OR ACIDIZING  (Other)  (Note: Report results of multiple completion on Well Completion or Epcompletion 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 sones pertinent to this work.) ू १५५ १५५

žo, 9į Perforated at 4157', 66', 82', 88', 4224', 40', 60, 6-29-68: 07, 46, 53, 58, and 66'.

Acidized w/ 1000 gls acid

Fracture treated w/ 40,000 gls ref oil plus 3# sand/gal 1n

6-30-68: SI

7-1-68: Prep to flow back load.

7-2-68: Running rods and tubing. Prep to put on pump.

81 I hereby certify that the Roregoine is true and correct  SIGNED Office Manager	E & DATE: 7-3-68
(This space for Federal or State office use)	

CONDITIONS OF APPROVAL, IF ANY:

siseool estagnioringes capid

or or

JUL