

DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM -09215

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR	8. FARM OR LEASE NAME
3. SNB Operating Co.	Petrofina Federal
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	9. WELL NO.
Box 906 Lovington, New Mexico	10. FIELD AND POOL, OR WILDCAT
1830' FNL and 660' FEL	UNDERSIGNED
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Blanket	20-8S-36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OR PARISH
4112 GR	Roosevelt
	13. STATE
	N. Mex.

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)

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.)*

Propose to set RBP @ 11,830 and Isolate
Atoka Perforations From 11,854 - 11,936.

Perforate Section From 11,810 to 11,820 with
10 Shots (1 shot P/FT)

Set Packer @ 11,780 and Acidize Perforations 11,810 to 11,820 with
1000 gals 15% MCA Acid

SWAB Test

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

SIGNED

TITLE Partner

DATE 8/5/77

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side