

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

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1 re-

Form approved.
Budget Bureau No. 42-R1424.

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"/> | 5. LEASE DESIGNATION AND SERIAL NO. LC-068124 |
| 2. NAME OF OPERATOR TEXACO Inc. | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME - |
| 3. ADDRESS OF OPERATOR P.O. Box 728 - Hobbs, New Mexico 88240 | 7. UNIT AGREEMENT NAME - |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Well located 1980' from the South line and 660' from the East line of Section 22, T-7-S, R-33-E, Unit Letter I | 8. FARM OR LEASE NAME L. Harris Federal |
| 14. PERMIT NO. Regular | 9. WELL NO. 1 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4215' DF | 10. FIELD AND POOL, OR WILDCAT Todd Wolfcamp |
| | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 22, T-7-S, R-35-E |
| | 12. COUNTY OR PARISH Roosevelt |
| | 13. STATE N.M. |

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 checked="" type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input 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) <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.) *

TEXACO Inc. proposes to do the following work on subject well:

1. Acidize perforations 7605'-7626' with 2000 gals 20% HCL NE acid in 2 equal stages. Separate stages w/100 bbls. Benzoi acid flakes mixed in gelled lease crude. Flush each stage with 70 bbls. lease crude.
2. Return to production.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE

June 24, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side