		N. M. O. C. C	D. CON			
	Vorm 9-331 May 1963) U TED STATES SUBMIT IN TRII 1TE* DEPARTMEINT OF THE INTERIOR Verse side) GEOLOGICAL SURVEY				Form approved. Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND BERIAL NO. NM - 0463-A	
	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.)				6. IF INDIAN, ALLOTTEE OF TRIBE NAME NCNE	
\ 1.	OIL A GAS OTHER				7. UNIT AOREEMENT NAME Little Lucky Lake Unit	
2.	NAME OF OPERATOR				8. FARM OR LEASE NAME	
	TEXACO Inc.				Kinahan Federal	
3.	P. O. Box 728 - Hobbs, New Mexico LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*				1 10. FIELD AND FOOL, OR WILDCAT	
4.	LOCATION OF WELL (Repo See also space 17 below. At surface	ort location clearly and in accordan)	ice with any Stat	te requirements.•	Little Lucky	
	Well located 1	.980' from the East Li Section 20, T-15-S, H	ine, and 6 R-30-E, Ch	60' from the aves County, N. M.	11. SEC., T., R., M., OR F SURVEY OR AREA	BLK. AND
					Sec. 20, T-1	-
14.	Regular	15. ELEVATIONS (Sho	w whether DF , RT , O_{4} (D. F.		Chaves	N. M.
					۱ <u>ــــــــــــــــــــــــــــــــــــ</u>	<u>.</u>
16.		Check Appropriate Box To	Indicate Natu			*
	NOT	TICE OF INTENTION TO:		SURSEQU	IENT REPORT OF:	[]
	TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF		
	FRACTURE TREAT Shoot or acidize	ABANDON ⁴		SHOOTING OR ACIDIZING	ABANDONME	
	REPAIR WELL	CHANGE PLANS		(Other)		
· · ·	(Other)	OMPLETED OPERATIONS (Clearly state		Completion or Recompl	of multiple completion etion Report and Log for	rm.)
	1.	Rig up pump truck at to 11,050' with 10,	nd acidize 000 gallor	e existing perforat is 15% chemically r	ions 10,992	
	2.	Rig up swab Unit, S return well to prod		recover load, Test	, and	
		RECI	EIVEC		-	
					NAY 131961	
			<u>191957</u>		A061	3
			C. C.	C. Er	3313	Q.
			A. OFFICE	, N	MAT	· · ·
					Carlo and	-
				<u>U</u> -	and the second sec	
		ne foregoing is true and correct			· · · · · · · · · · · · · · · · · · ·	
10.	signed		TITLE Assi	stant District Supt	DATE May 1	7,1%7
· <u></u>	(This space for Federal	Liller office use)				
	APPROVED BY		TITLE		DATE	<u> </u>
	CONDITIONS OF APP	BOVAL IF ANT:			: 	
4	A MAY 1 3	internet and a second s	1	D		
	R. L. DEEKIN	*See	Instructions of	n Reverse Side		
Ź	ATIM					