

N. M. O. C. C. COPY
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction 1 re-
verse side)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"/> | 2. NAME OF OPERATOR TEXACO Inc. | 3. ADDRESS OF OPERATOR P. O. Box 728 Hobbs, New Mexico | 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 1980' from the East Line, and 660' from the South Line of Section 20, T-15-S, R-30-E, Chaves County, New Mexico. | 5. LEASE DESIGNATION AND SERIAL NO. NM-0463-A | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE | 7. UNIT AGREEMENT NAME Little Lucky Lake Dev. | 8. FARM OR LEASE NAME Kinahan Federal | 9. WELL NO. 1 | 10. FIELD AND POOL, OR WILDCAT Little Lucky Lake Dev. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-15-S, R-30-E | 12. COUNTY OR PARISH Chaves | 13. STATE N. M. |
| 14. PERMIT NO. Regular | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4004' (D. F.) | | | | | | | | | | | |

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) <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 checked="" 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.)*

The following work has been completed on subject well, approved by Mr. Ronnie E. Shook, Acting District Engineer, May 1, 1964.

Pull tubing and packer. Perforate 5 1/2" O. D. Casing with one jet shot at 11,033', 11,035', 11,048', and 11,050'.

Acidize perforations 11,033' to 11,050' with 3000 Gals LSTNE. Swab Well.

On 24 Hour Potential Test well flowed through 20/64" Choke, ending 7:00 A. M. July 3, 1964, 17 BO and No Water. Gravity - 42, GOR - 3500.

RECEIVED

JUL 14 1964

O. C. C.
ARTESIA, OFFICE

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

SIGNED W. E. Morgan
W. E. Morgan
(This space for Federal or State office use)TITLE Assistant to the District SuperintendentDATE July 8, 1964.APPROVED BY _____
(Name of Approver, if any)

TITLE _____

DATE _____

JUL 13 1964
(Orig. Sent to Mr. E. Shook)
RONNIE E. SHOOK
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side