

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
LEASE DESIGNATION AND SERIAL NO.

NM-0338-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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME -	
2. NAME OF OPERATOR TEXACO Inc.		7. UNIT AGREEMENT NAME Little Lucky Lake Unit	
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240		8. FARM OR LEASE NAME Peery Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL & 1980' FEL, Unit Letter G, Section 29, T-15-S, R-30-E, Chaves Co., New Mexico.		9. WELL NO. 1	
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Little Lucky Lake Devonian	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3981' DF		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 29-15S-30E	
		12. COUNTY OR PARISH Chaves	13. STATE N.M.

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Recomplete in Penn</u>	<input checked="" type="checkbox"/> <u>Temp. Held.</u>

(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.)*

1. Rig up unit, install BOP.
2. Run CIBP in 5½" casing to 11,000' & set @ 10,000'. Dump 30' (125#) cement on top of plug. Test casing w/500#.
3. Perforate 5½" casing w/2 JSPF @ 8561, 65, 92, 98.
4. Run tubing and packer, spot 200 gal. 15% NE Acid across perforations, set packer @ 8480'.
5. Acidize perfs. 8561'-8598' w/2500 gal. 15% NEA In 5-500 gal stages w/3 ball sealers between stages. Flush w/50 bbls. treated fresh water.
6. Swab, pull tubing & packer.
7. Abandon Devonian Zone.
8. Penn Zone - Shut-In (Classified TR-0, To Be Reconditioned - Oil) - Held For further Study.

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

SIGNED [Signature] TITLE Asst. Dist. Supt. DATE 1-28-76
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST
BE PUT TO BENEFICIAL USE OR PLUGGED BY
APRIL 1 - 1976
See Instructions on Reverse Side