

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

DESIGNATION AND SERIAL NO.  
LC-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	
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 Well is located 660' from the South line and 1980' from the East line of Section 29, T-15-S, R-30-E, Unit Letter O, Chaves County, New Mexico.		9. WELL NO. 2	
14. PERMIT NO. Regular		10. FIELD AND POOL, OR WILDCAT Little Lucky Lake Devonian	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3955' (DF)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-15-S, R-30-E	
		12. COUNTY OR PARISH Chaves	13. STATE New Mexico

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

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)			

(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. Pull pumping equipment.
2. Perforate 7" casing w/1 JSPF from 10,959' to 10,961', 10,963' to 10,965', 10,982' to 10,983' and 10,987' to 10,988'.
3. Run 2-3/8" tubing w/packer and set @ 10,910' w/tail pipe to 11,000'.
4. Acidize w/6,000 gals. 28% Unisol acid in 3 equal stages. Separate stages w/75# Unibeads.
5. Swab, test and return to production.

RECEIVED

FEB 16 1970

G. C. C.  
ARTESIA, OFFICE

RECEIVED  
FEB 13 1970  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Assistant District  
Superintendent

DATE February 11, 1970

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

APPROVED  
FEB 13 1970  
R. L. BECKMAN  
ACTING DISTRICT SUPERINTENDENT

\*See Instructions on Reverse Side