

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE* (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

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.)

446 10-0338-A
 NAME OF LAND ESTATE OR TRIBE NAME
 P. O. C. C.
 JUL 8 8 1968 AM '68
 7. UNIT AGREEMENT NO.
 None
 8. FARM OR LEASE NAME
 Peery Federal
 9. WELL NO.
 2
 10. FIELD AND POOL, OR WILDCAT
 Little Luck Lake Boyonian
 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
 Section 29, Townsite 15-South, Range 30-East
 12. COUNTY OR PARISH
 Chaves
 13. STATE
 N.M.

1. OIL WELL GAS WELL OTHER
 2. NAME OF OPERATOR
 TEXACO Inc.
 3. ADDRESS OF OPERATOR
 P. O. Box 728, Hobbs, New Mexico 88240
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
 At surface
 Well located 660' from the South Line, and 1980' from the East Line of Section 29, T-15-S, R-30-E, Chaves County, N.M.
 14. PERMIT NO.
 Regular
 15. ELEVATIONS (Show whether DE, RT, Gg, etc.)
 3955' (D. F.)

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.) *

The following work has been completed on subject well:

1. Pulled Tubing and pump
2. Ran Tubing with packer and hold down and set @ 9800'
3. Acidize perforations from 10,946' to 10,956' w/4,000 gals 28% CRA acid and flushed acid w/2,000 gals water.
4. Swab, Test and return well to production.

RECEIVED
 JUL 1 1968
 U. S. G. SURV.
 ARTERIA, OFFICE

RECEIVED
 JUN 27 1968
 U. S. GEOLOGICAL SURVEY
 ARTERIA, NEW MEXICO

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

SIGNED _____ TITLE Assistant District Superintendent DATE June 21, 1968

(This space for Federal or State office use)
 APPROVED BY _____ TITLE _____ DATE _____
 CONDITIONS OF APPROVAL, IF ANY: