

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN THIS
(Other Instructions
verse side)ATTN:
in re-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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME Little Lucky Lake Unit
2. NAME OF OPERATOR TEXACO Inc.	8. FARM OR LEASE NAME Peery-Federal
3. ADDRESS OF OPERATOR P. O. Box 728, Hobbs, New Mexico 88240	9. WELL NO. 3
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well is located 1820' from the South Line and 2140' from the West Line of Section 29, T-15-S, R-30-E, Unit Letter K, Chaves County, New Mexico.	10. FIELD AND POOL, OR WILDCAT Little Lucky Lake (Devonian)
14. PERMIT NO. Regular	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 29, T-15-S, R-30-E, (Unit K)
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3953' (D. F.)	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 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 checked="" type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input 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:

1. Pulled production tubing and packer.
2. Ran RBP and set @ 5750' spotting 1 sack sand on plug, and set RTTS Tool @ 5605'.
3. Squeeze 5 1/2" casing w/100 sx. Class "C" Neat Cement.
4. Drilled out cement from 4629' to 5750'.
5. Set RBP @ 5794' spotting 1 sack sand on plug, and set RTTS Tool @ 5513'.
6. Squeezed 5 1/2" O.D. casing w/100 sx. Class "C" Neat Cement.
7. Drilled out cement from 4900' to 5700'.
8. Ran 2 3/8" tubing to 4245' and spotted 25 sx. cement in 5 1/2" casing from 4245' to 4040'.
9. Drilled out cement from 4040' to 4340'. Tested casing w/500# for 30 minutes. Tested O.K.
10. Ran tubing w/ packer and set @ 9662'.
11. Acidized csg. perfs. 11,056' to 11,136' w/6000 gals. 28% NE Acid followed w/102 Bbls. fresh water.
12. Pulled packer, Ran 2 7/8" tubing w/anchor and set @ 7450'. Ran 1 1/4" tubing with hydraulic pump.
13. Tested and returned well to production.

FEB 25 1969

U. S. G. S.
ARTES

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

SIGNED

H. E. Raymond

TITLE

Superintendent

DATE

February 24, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

REASONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side