

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Permit Instructions
NM Oil Cons. Comm. 1
Drawer DD
Artesia, NM 88210

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 22637	
2. NAME OF OPERATOR Pearson-Sibert Oil Co. of Texas		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 901 West Missouri Avenue, Midland, TX 79701		7. UNIT AGREEMENT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 2310' FN&EL's Section 27, T-10-S, R-30-E		8. FARM OR RANCH R. V. S. - Federal	
14. PERMIT NO. Permit Dated 9-20-84		9. WELL NO.	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4093' GR		10. FIELD AND POOL, OR WILDCAT Wildcat	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-10-S, R-30-E	
		12. COUNTY OR PARISH Chaves	13. STATE NM

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Drilling Operations</u>	<input checked="" 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.)*

- 11-05-84 - Set cement retainer at 3648', squeezed perforations from 3653' to 3703' with 100 sacks cement.
- 11-06-84 - Perforated from 3574' to 3642'. (18 intervals/36 holes).
- 11-07-84 - Acidized perforations with 3000 gallons HCL with 50 ball sealers. Flowed and swabbed treatment back.
- 11-08-84 - Swabbed treatment back. Reacidized 6000 gallons HCL with 30 ball sealers. Flowed and swabbed treatment back.
- 11-09-84 - Swabbing.
- 11-10-84 - Swabbing. Removed tubing and packer.
- 11-11-84 - Shut in.

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

SIGNED Robert D. Stettin TITLE Vice President DATE 11-21-84

(This space for Federal or State office use)

APPROVED BY PETER W. CHESTER TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:
DEC 6 1984

*See Instructions on Reverse Side

RECEIVED

DEC 10 1984

ARTESIA, OFFICE

RECEIVED BY
DEC 10 1984
O. C. D.
ARTESIA, OFFICE