

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Fill in instruction, re-
verse side)Form approved.
Budget Bureau No. 42 P1494.

3. LEASE DESIGNATION AND SERIAL NO.

Federal lse. LC-064605-A
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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	
2. NAME OF OPERATOR Amerada Hess Corporation		8. FARM OR LEASE NAME Federal "A"	
3. ADDRESS OF OPERATOR Drawer "D", Monument, New Mexico 88265		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit letter B, 660' from the North line, and 1274.18' from the East line, Section 14, Township 13-S, Range 38-E		10. FIELD AND POOL, OR WILDCAT Bronco (Siluro-Devonian)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3810	
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 14, T-13-S, R-38-E		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

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) <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.)*

Fished pump, pulled 366 jts. 2-7/8" tbg. and packer. Ran packer and 356 joints 2-7/8" tubing set open ended at 11,380' with packer at 11,349'. Acidized 5 1/2" perfs 11,420' to 11,650' with 6,000 gals. 20% regular acid in 3 stages with 1,000# rock salt and 1,000# benzoic acid flakes. Flushed with 72 barrels of water.

Pulled 366 joints 2-7/8" tubing and treating packer. Ran 366 joints 2-7/8" tubing, KVL 30 packer and fluid pack pump cavity. Tubing set at 11,406' bull-plugged with tubing perfs from 11,475 to 11,467', packer set at 11,360'. Fluid pack cavity at 11,344'.

Ran Kobe pump, and returned to production.

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

SIGNED T. P. Davis TITLE Superintendent

DATE 11-20-75

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

