

UNITED STATES
DEPARTMENT OF THE INTERIORSUBMIT IN TRIP
(Other instruction
verse side)Form approved.
Budget Bureau No. 42-R1424.

HUBBS OFFICE GEOLOGICAL SURVEY

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals 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 Western States Producing Company		8. FARM OR LEASE NAME Federal 24	
3. ADDRESS OF OPERATOR 900 Bank of the Southwest Midland, Texas		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 1980' FNL and 1980' FWL		10. FIELD AND POOL, OR WILDCAT Chaveroo	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 24, T-7-S, R-32-E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4447 GR		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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 checked="" 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.)*

7-23-68: Perforated 1 shot per foot as follows: 4160, 65, 4214, 19, 32, 44, 56, 76, 4330, 37, 44, 48, 62, 73, 76

7-24-68: Fraced w/40,000 gals ref oil plus 2# sand/gal. Used 1000 gals acid.

7-25-68: Ran rods and tubing

7-26-68: Putting on pump to pump back load.

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

SIGNED Jan D. Carson TITLE Office Manager DATE 7-29-68

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

AUG 1 1968

*See Instructions on Reverse Side J L GORDON
ACTING DISTRICT ENGINEER