

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
HOBBS OFFICE O. C. C.

SUBMIT IN TRIPLICATE*
(Other instruction
reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NE-04242

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Denise Federal

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Corbin Abo

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 34, T17S, R33E

12. COUNTY OR PARISH

Log

13. STATE

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

James P. Dunigan

3. ADDRESS OF OPERATOR

c/o Oil Reports & Gas Services, Box 763, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1750' FSL & 1650' FSL of Sec. 34

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4114 DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☒

REPAIR WELL ☐

(Other) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT* ☐

(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.)*

Request permission to treat perforations 8706 to 8730 with 1500 gallons 15% HCl acid.

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

SIGNED

M. L. Smith

TITLE

Agent

DATE

April 18, 1966

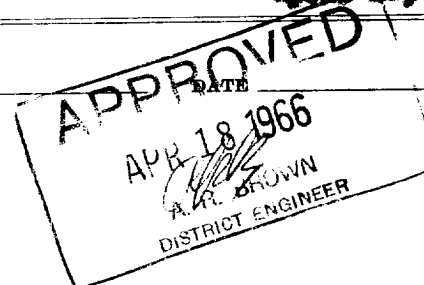
(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side



33' 111 40 11 21 333

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

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