

NEW MEXICO STATE LAND OFFICE
OFFICE OF THE STATE GEOLOGIST
SANTA FE, NEW MEXICO

MISCELLANEOUS NOTICES

Submit this notice in triplicate to the State Geologist or proper Oil and Gas Inspector at least five days before the work specified is to begin. A copy will be returned to the sender on which will be given the approval with any modifications considered advisable or the rejection by the State Geologist or Oil and Gas Inspector of the plan submitted. The plan as approved should be followed and work should not begin until approval is obtained.

Indicate nature of notice by checking below:

NOTICE OF INTENTION TO CHANGE PLANS	NOTICE OF INTENTION TO PULL OR OTHERWISE ALTER CASING
NOTICE OF INTENTION TO REPAIR WELL	
NOTICE OF INTENTION TO DEEPEN WELL	

~~Notice of intention to treat well with acid.~~

February 10, 1934

PLACE

DATE

Mr. E. H. Wells State Geologist,
Santa Fe, N. Mex.

Following is a notice of intention to do certain work as described below at the

The Ohio Oil Co. State-Northrup Well No. 2 in
COMPANY OR OPERATOR LEASE
of Sec. 32, T. 18, R. 38, N. M. P. M., Hobbs
Oil Field, Hobbs Pool Lea County.

DETAILS OF PROPOSED PLAN OF WORK

This well was treated on 1/8/34 with 1,000 gallons of acid which resulted in an encrease in potential of from 4,845 bbls. to 5,800 bbls. and a decrease in oil-gas ratio from approximately 2,800 cu. ft. to 1,016 cu. ft. Plans now are to retreat this well with 1,000 gallons of acid forcing the acid further back into formation. In comparison to other wells treated in Hobbs Pool we feel that this well did not have a corresponding encrease in potential, hence are reasons for treating again.

OFFSET WELLS

COMPANY & FIELD	POTENTIAL	ALLOWABLE	OIL-GAS RATIO
Stanolind State # 8 NW 1/4 4	21,089	446	Not Known
Sun McKinley # 1	10,381	244	2,680
Continental State A33 # 1	13,997	312	1,436

Approved FEB 12 1934, 19____
except as follows:

THE OHIO OIL COMPANY

By A. C. BROWN *A. C. Brown*

Position SUPV.
Send communications regarding well to

Name A. C. BROWN

Address BOX 00

HOBBS NEW MEX.

NAME

TITLE

Address _____

