

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on  
reverse side)

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-0245247	
2. NAME OF OPERATOR HILLIARD OIL & GAS, INC.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 1190 Midland National Bank Tower, Midland, Texas 79701		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface UNIT B, 660' FNL & 1980' FEL		8. FARM OR LEASE NAME McELVAIN-FEDERAL	
14. PERMIT NO.		9. WELL NO. 2	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) GR 3877'; RKB 3894'		10. FIELD AND POOL, OR WILDCAT E-K Bone Springs	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T-18-S, R-34-E	
		12. COUNTY OR PARISH Lea	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 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) Re-complete well-same pool <input checked="" 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.)\*

This well was plugged back and re-completed in the in the same pool as follows:

1. Set cast iron bridge plug @ 10,350' & dumped 2 sx. cement on top. This isolated perforations 10,379-10,416' below plug.
2. Perforated 4½" csg. from 9504-14', 9520-30', 9548-64' w/1 jet shot each two feet (total of 21 shots).
3. Ran tubing & packer. Set packer @ 9382'.
4. Acidized perfs 9504-9564' w/7000 gal. 7½% acid.
5. Swabbed back acid load & tested 95% oil, 5% acid water.
6. Fraced well w/39,000 gal. gelled 2% Kcl water & 32,000# 20/40 sand.
7. Swabbed back part of frac load.
8. Put well back on pump.

JOB COMPLETED 7-10-76

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

SIGNED *David R. Ramsey* TITLE Vice Pres., Drlg. & Prod. DATE 8-11-78

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side

