

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPI  
(Other instructions  
reverse side)

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re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 24161

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Pedco-Gulf Federal Cor

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Wildcat Wolfcamp

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

S.33, T18S, R32E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL ☒ GAS ☐  
WELL WELL OTHER

2. NAME OF OPERATOR

Petroleum Development Corporation

3. ADDRESS OF OPERATOR

9720 B Candelaria NE, Albuquerque, NM 87112

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

660' FEL, 1980' FSL, Sec. 33, T18S, R32E

14. PERMIT NO.

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

3689 G.L.

3708 K.B.

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.)\*

Acidized Wolfcamp perforations - 10,595-644 & 10,770-776, with 1500 gal. 15% NE  
Acid on May 10, 1978.

Conducted gas/oil ratio test (see copy attached): 355 MCF, 325 bbls. oil, gas/oil  
ratio 1092, tubing pressure 720# - 24 hr. test.

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

SIGNED

TITLE Secretary

DATE 5/15/78

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

\*See Instructions on Reverse Side

