

COPY TO U. S. G.
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.
1. LEASE DESIGNATION AND SERIAL NO.

NM 12413A

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"/>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME --	
2. NAME OF OPERATOR PETROLEUM DEVELOPMENT CORPORATION		7. UNIT AGREEMENT NAME --	
3. ADDRESS OF OPERATOR 9720 B Candelaria, NM, Albuquerque, NM 87112		8. FARM OR LEASE NAME Sun McKay Federal	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1730' FWL, 1850' FNL		9. WELL NO. 1	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT Undesignated Wolfcamp	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3658 GL 3676 KB		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 10, T19S, R32E	
		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:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Acid Fracture Treatment</u> <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.)*

9-12-1978 (10702-10743')

Duo-Frac II Treatment: 20,000 gals. pad with 20000# 100 mesh sand, 16000 gals. 28% HCl with N₂, 16000 gals. flush. Total load to recover 1300 bbls. Treated @ 9.2 bbls./min.² @ 2850 psi, 4900# max. (6200# max. on N₂ flush). ISIP 1500#, 15 min. SIP 650#. Flowed back 40 bbls. load water, died. Swabbed & Flowed 160 bbls. fluid to 8 am.

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

SIGNED Paula D. Bartacci

TITLE Secretary

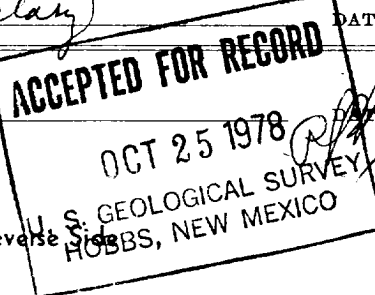
DATE 10-19-78

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side