

**UNITED STATES**  
**DEPARTMENT OF THE INTERIOR**  
**GEOLOGICAL SURVEY**

COPY TO O. C. C.  
SUBMIT IN TRIPPLICATE\*  
(Other instructions  
verse 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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR <b>PETROLEUM DEVELOPMENT CORPORATION</b></p> <p>3. ADDRESS OF OPERATOR <b>9720 B Candelaria NE, Albuquerque, NM 87112</b></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1730 ' FWL, 1850' FNL</b></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <b>NM 12413A</b></p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>- -</b></p> <p>7. UNIT AGREEMENT NAME <b>- - -</b></p> <p>8. FARM OR LEASE NAME <b>Sun-McKay Federal</b></p> <p>9. WELL NO. <b>1</b></p> <p>10. FIELD AND POOL, OR WILDCAT <b>Undesignated Wolfcamp</b></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 10, T19S, R32E</b></p> <p>12. COUNTY OR PARISH <b>Lea</b></p> <p>13. STATE <b>New Mexico</b></p>
<p>14. PERMIT NO.</p>	<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3658 GL      3676 KB</b></p>

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"/>
FRACTURE TREAT <input checked="" 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) <u>Acid fracture treatment</u>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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.)\*

Treat down tubing with 20,000 gallons WaterFrac-60 pad fluid containing 18,500# 100-mesh sand; 16,000 gallons 28% HCL; flush with 16,000 gallons WaterFrac-20. Treatment will be in three acid stages.

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

SIGNED

TITLE

**Secretary**

DATE **9/8/78**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

