

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
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 type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 12413-A
2. NAME OF OPERATOR PETROLEUM DEVELOPMENT CORPORATION		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 9720 B Candelaria NE, Albuquerque, NM 87112		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 1980' FEL, 1980' FNL, Section 10, T19S, R32E		8. FARM OR LEASE NAME Sun-McKay Federal
14. PERMIT NO. --		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3661 G.L.		10. FIELD AND POOL, OR WILDCAT Undesignated Morrow
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M. OR BLK. AND SURVEY OR AREA S10, T19S, R32E
		12. COUNTY OR PARISH Lea
		13. STATE New Mexico

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*

Intermediate Casing

X

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.) *

Set 8-5/8" casing @ 4300' cemented 1st stage with 150 sx. Halliburton Lite; 1/4# Flocele, & 7.5# salt followed with 150 sx. Class "C", 2.6# salt & 1/4# Flocele. Circ. 4 hrs. Cemented 2nd stage with 660 sx. Class "C", 4% gel, 2% CaCl, followed with 100 sx. Class "C", 2% CaCl; circ. 200 sx. to top. Pressure tested casing to 1000# for 30"; held ok.

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

SIGNED

TITLE Secretary

(This space for Federal or State office use)

DATE 3/6/78

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side

