Onto Signed and Signed States	NCT 9 2 1070
Region Operations Manager	October 18, 1978
Ed. 100.	
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
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	- 5 7 050 050 0
SITP 325#. Swabbed 25.2 BO and 138.8 BLW in 11½ hrs. All L.W. recover pumped 65 BO, 32 BW, on 64" stroke, 10 SPM. Oil gravity 37.6 API @ 60	ered On 24 hr. test —
DUIS. (120 dCIQ dIQ 32 IIISN). Bled pressure off and recovered 37 PIW in 1 hm 13 hm	
with additives and 90 7/8" ball sealers. Formation broke at 4000#. Max treating pressure 3000#, Min 2600# air 4.1 BPM, ISIP 2750#, 10 mins. 2250#. Did not ball out. TL&T 172	
sured csy. to 1000#. Let acid soak on perts, for 30 mins. Acidized w/5000 gala 150 mg	
pen. Ran tbg. and pkr. swabbed 21 BLW in 5 hrs. Bled off with no fluid recovery. Spotted acid across perfs. 4296-4326'. Picked up and reset pkr. at 4161' with tp at 4231'. Pressured ass.	
RU and perforated 2 SPF w/2-7/8" jet gun from 4296-4326'. Total 60 - 0.31" holes with 9"	
TD 4359', PBTD 4340' pumping.	•
	unit of starting ony proposed
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including work) SEE RULE 1103.	estimated date of starting any proposed
ОТИЕР	<u> </u>
oTHER Well Completion	n Data
PULL OR ALTER CASING CHANGE PLANS CASING TEST AND CEMENT JOB	PLUG AND ABANDONMENT
The same and the same was a same with the same was a same was a same with the same was a same was a same with the same was a same was a same with the same was a same was a same with the same was a same was a same with the same was a same was a same with the same was a	ALIFEING CANING
	T REPORT OF:
Check Appropriate Box To Indicate Nature of Notice, Report or Ot	
4061.4 GR	Lea (
15. Elevation (Show whether DF, RT, GR, etc.)	12, County
THE West TIME SECTION 29 TOWNSHIP 17.5 BANGE 33E NAPH	
	minimilli
UNIT LETTER E 2615 FEET FROM THE NORTH LINE AND 25 FEET FROM	M=3-i (G, G3.)
4. Location of Well	10. Field and Pool, or Wildcat
P. O. Box 1919, Midland, Texas 79702	9. Wall No.
3. Address of Operator	Tract 4
Cities Service Company	R. Farm or Leane Name
2. Numer of Operator	SMGSAU
1. OIL CAS	7. Unit Agreement Name
USE "APPLICATION FOR PERMIT -" IFORM C-101) FOR SUCH PROPOSALS.)	VIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
""SUNDRY NOTICES AND REPORTS ON WELLS	Millimm
	5. State Oil & Gas Lease No. B-2229
OPERATOR	State X Fee
U.S.G.S.	Sa. Indicate Type of Lease
FILE	rueritag (4-62
MEXICO OIL CONSERVATION COMMISSION	6-102 and 6-103 Effective 1-1-65
THIBUTION	Form f -101 Supervedes Old
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