COPY TO O. G. E

	Form 9-331 May 1963)	DEPARTME	NITED STATES ENT OF THE INTERI OLOGICAL SURVEY	SUBMIT IN PLICA (Other Instructions on verse side)	Tre Budget Bures 5. LEANE DESIGNATION NM 05560 6. IF INDIAN, ALLOTTE	AND BERIAL NO
•	(Do not us	SUNDRY NOTIC this form for proposal Use "APPLICAT	ES AND REPORTS (s to drill or to deepen or plug lon FOR PERMIT—" for such p	ON WELLS back to a different reservoir. proposals.)	7. UNIT AGREEMENT NA	
:	2. NAME OF OPERA		TON		8. FARM OR LEASE NAME PEDCO GULF FE	ME
9720	LEUM DEVELO 3. ADDRESS OF OP B Candelari	a NF. Albuquer	que, NM, 87	CEIVED	9. WELL NO. 2 10. FIELD AND POOL, G	DR WILDCAT
	4. LOCATION OF W See also space At surface	ELL (Report location clear 17 below.)	F	EB 18 1981	Undesignated Morrow 11. SEC., T., E., M., OR SURVEY OR ARE.	BLK. AND
660'	FEL, 1980'	FNL	U.S. Gi	EOLOGICAL SURVEY BBS, NEW MEXICO	Sec 33, T18S	
	14. PERMIT NO.		3716 KB	, 11, 61, 661,	Lea	New Mexi
	16.	Check App	propriate Box To Indicate		, or Other Data UBSEQUENT REPORT OF:	

NOTICE OF INTEN	TION TO:	SUBSEQUENT REPOR	ror:
	[]	WATER SHUT-OFF	REPAIRING WELL
TEST WATER SHUT-OFF	PULL OR ALTER CASING		ALTERING CASING
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREATMENT	
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDONMENT*
	CHANGE PLANS	(Other) (Note: Report results of multiple)	e completion on Well
(Other) Recompletion.		Completion or Recompletion Repo	ti and rok mim.)
THE WARREN OF COMPLETED OF	ERATIONS (Clearly state all pertine	nt details, and give pertinent dates, induling	estimates unte of starting

SCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, industry especially proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical deprins for nent to this work.)

Approx. 2/25/81:

Set check valve plug in Lok-Set packer @ 12,860'. ٦.

2.

Displace hoe w/2% KCl water; pressure test casing to 4,000 psi. POH. Perforate: 12,610'-12,625'; 12,674'-12,678'; 12,690'-12,694'; 12,707'-12,711'; 12,742' - 12,756'; w/4JHPF. 3.

RIH w/Baker Lok-Set packer, set @ 12,570'. Swab well down. Acidize w/3,000 gallons 7.5% MSR acid. Swab test. 4.

5.

Fracture treat, if necessary. 6.

8. I hereby certify that the foregoing is true and correct	TITLE	President	2/16/81
(This space for Federal or State office use) APPROVED BY CONDITIONS OF APPROVAL, IF ANY:	TITLE		APPROVED
			FEB 2 3 1981

*See Instructions on Reverse Side