

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLI-
(Other instructions
verse side)

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

LC 063441

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 type="checkbox"/> OTHER <u>WIW</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
2. NAME OF OPERATOR		7. UNIT AGREEMENT NAME
3. ADDRESS OF OPERATOR		8. FARM OR LEASE NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface		9. WELL NO.
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
3770' GL		12. COUNTY OR PARISH
		13. STATE
		Lea New Mexico

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)*

11-16-73 We fracture treated this well down casing with 1500 gals of 15% HCL, 18,000 gals gelled water and 30,000 lbs of 20/40 sand as follows: Pumped 1500 gals 15% HCL to spot and let soak. Started pumping gelled pad, started sand at 1 PPG with gradual increase to 3 PPG, followed by flush. Injection rate was 17.2 BPM, Maximum pressure was 2700 psi, Average pressure was 2550 psi. ISDP was 2500 psi. 10 minute shut in pressure was 2075 psi. Well left shut in overnight.

11-17-73 Checked for fillup, well clean to T.D. Ran tubing and packer, placed well on injection.

Before treatment well injected an average of 16 BWPD @ 2125 psi.

For 10 days after treatment well averaged 674 BWPD @ 1875 psi.

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

SIGNED Charles C Joy TITLE Supt. DATE 11/27/73

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

