

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPL  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Cavalcade Oil Corporation		8. FARM OR LEASE NAME Cavalcade "21" Federal	
3. ADDRESS OF OPERATOR P.O. Box 16187, Lubbock, Texas 79490		9. WELL NO. 1	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1650' FEL		10. FIELD AND POOL, OR WILDCAT Young Wolfcamp	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3760.6 GR	
		12. COUNTY OR PARISH Lea	
		13. STATE N.M.	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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\* ☐

(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.)\*

4/22/85 - 4/24/85

Perforated additional pay in the Wolfcamp formation. Shot 4 SPF as follows:  
10565, 10566, 10569, 10570, 10572, 10576-10581. 40 holes. Acidized perforations with 1500 gals 7½% HCL. Breakdown pressure went on vacuum. Estimated production increase is 50 mcf gas per day and 10 BOPD.

I hereby certify that the foregoing is true and correct

Michael G. Mooney

SIGNED *Michael G. Mooney*

TITLE Drig. & Prod. Manager

DATE 5/10/85

(This space for Federal or State office use)

APPROVED BY ACCEPTED FOR RECORD  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

DATE \_\_\_\_\_

MAY 13 1985

\*See Instructions on Reverse Side

**RECEIVED**

**MAY 14 1985**

**O.C.D.  
HOBBS OFFICE**