

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.  
(Other instructions on 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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                        |                                                | 5. LEASE DESIGNATION AND SERIAL NO.              |
| 2. NAME OF OPERATOR                                                                                                                     |                                                | 6. IF INDIAN, ALLOTTED OR TRIBE NAME             |
| 3. ADDRESS OF OPERATOR                                                                                                                  |                                                | 7. UNIT AGREEMENT NAME                           |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface |                                                | 8. FARM OR LEASE NAME                            |
| 1990' PSL & 660' PSL                                                                                                                    |                                                | 9. WELL NO.                                      |
| At top prod. interval Same                                                                                                              |                                                | 10. FIELD AND POOL, OR WILDCAT                   |
| At total depth Same                                                                                                                     |                                                | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA |
| 14. PERMIT NO.                                                                                                                          | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) | 12. COUNTY OR PARISH                             |
|                                                                                                                                         | 3692.9 GR                                      | 13. STATE                                        |
|                                                                                                                                         |                                                | Lea New Mexico                                   |

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

NOTICE OF INTENTION TO:

|                     |                          |                      |                          |
|---------------------|--------------------------|----------------------|--------------------------|
| TEST WATER SHUT-OFF | <input type="checkbox"/> | PULL OR ALTER CASING | <input type="checkbox"/> |
| FRACTURE TREAT      | <input type="checkbox"/> | MULTIPLE COMPLETE    | <input type="checkbox"/> |
| SHOOT OR ACIDIZE    | <input type="checkbox"/> | ABANDON*             | <input type="checkbox"/> |
| REPAIR WELL         | <input type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             | <input type="checkbox"/> |                      | <input type="checkbox"/> |

SUBSEQUENT REPORT OF:

|                       |                                     |                 |                          |
|-----------------------|-------------------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input type="checkbox"/>            | REPAIRING WELL  | <input type="checkbox"/> |
| FRACTURE TREATMENT    | <input checked="" type="checkbox"/> | ALTERING CASING | <input type="checkbox"/> |
| SHOOTING OR ACIDIZING | <input type="checkbox"/>            | ABANDONMENT*    | <input type="checkbox"/> |
| (Other)               | <input type="checkbox"/>            |                 | <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.)\*

12-23-75 R.U. Howes frac. equipment. Pressured csg. to 1000 psi. Fractured perfs. 3813'-20' as follows:  
Pumped 2000 gal. pre-pad @ 12 bbls/min. @ 3700psi. Pumped 2000 gal. gel wtr. pad w/CO<sub>2</sub> @ 12 bbl/min. @ 3800psi. Pumped 2000 gal gel wtr. w/CO<sub>2</sub> & 20-40 sand/gal. @ 4200psi. Pumped 4000 gal gel wtr. w/CO<sub>2</sub> & 1# 20-40 sand/gal. @ 4100psi. Pumped 4000 gal gel wtr. w/CO<sub>2</sub> & 1# 20-40 sand/gal. @ 4200psi. Pumped 4000 gal. gel wtr. w/CO<sub>2</sub> & 2# 20-40 sand/gal. @ 4150psi. Pumped 2000 gal. gel wtr. w/CO<sub>2</sub> & 1# 10-20 sand/gal. @ 4100psi. Pumped 2000 gal. gel wtr. w/CO<sub>2</sub> & 2# 10-20 sand/gal @ 12.5 bbls/min. w/4100psi. Displaced w/35 bbls 2% KCl wtr. ISIP-2300psi. 5 min. SIP-2100psi. 15 SIP-1900psi. Avg. inj. rate 12 bbls/min. Job complete @ 11 AM. Total load to recover--570 bbls. SI for 3 hrs. to allow gel to break. Opened @ 2:00 PM on 16/64" chk. Plwd. 153 bbls load wtr. in 15 hrs. Load to recover--417 bbls.

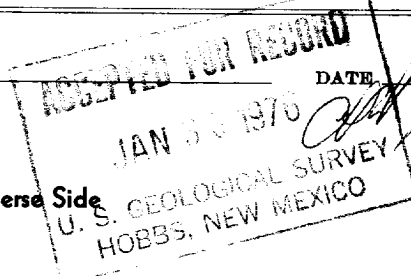
18. I hereby certify that the foregoing is true and correct

SIGNED Clayton Byrd TITLE Production Assistant DATE January 17, 1976

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side



## Instructions

**General:** This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and, if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 17:** Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing pulled and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.