Form 9-331 (May 1963)  U TED STATES SUBMIT IN TRI (Other Instruction of the INTERIOR verse side)  DEPARTMENT OF THE INTERIOR verse side)	Form approved. Budget Bureau No. 42-R1424.
GEOLOGICAL SURVEY. C. C.	5. LEASE DEHIGNATION AND SERIAL NO.  LC-029519 - #a#
	6. IF INDIAN ALLOTTED OR TRIBE NAME
SUNDRY NOTICES AND REPORTS ON WELLS  (Do not use this form for proposals to stand of to deepen or ping back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)	NONE
I. OIL R GAS	7. UNIT AGRIEMENT NAME
2. NAME OF OPERATOR	NONE  8. FARM OR LEASE NAME
TEXACO Inc.	B. V. Lynch "a"
P. O. Box 728 - Hobbs, New Mexico	9. WELL NO.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*  See also space 17 below.)	10. FIRLD AND POOL, OR WILDCAT
At surface	Lynch
Well located 660' from the North Line, and 1980' from the East Line of Section 34, T-20-S, R-34-E, Lea County, New Mexico.	11. 8BC., T., il., M., OR BLK. AND SURVEY OR AREA  Sec. 34, T-20-S, R-34-E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)	12. COUNTY OB PARISH 18. STATE
Regular 3721 (GR)	Lea N. M.
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Ot	ther Data
NOTICE OF INTENTION TO:	NT REPORT OF:
TEST WATER SHUT-OFF PULL OR ALTER CASING WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREAT  MULTIPLE COMPLETE  FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL CHANGE PLANS SHOOTING OR ACIDIZING X	ABANDONMENT*
(Other)	f multiple completion on Well tion Report and Log form.)
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical nent to this work.)  The following work has been completed on subject	
1. Pull the pump equipment, and set packer at 3!	5001.
2. Acidize perforations 3538 to 3699 with 6000 28% HCL in 3 stages, followed with 2000 gallo Swab well recover load, and test.	O gallons ons water.
3. On 21 Hour Potential Took anding 2.00 p. W.	
3. On 24 Hour Potential Test ending 3:00 P. M. M. Well Pumped 17 BBL Oil & 2 BBL Water.  GOR - TSTM.	Maya ( )
GRAVITY - 32.2	
18. I hereby certify that the foregoing in true and correct	
Ban Gillett TITLE Assistant District Supt.	DATE May 9, 1967
(This space for Federal or State office use)	
APPROVED BY TITLE APPROVAL IF ANY:	/ED-11

MAY 11,1967