

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPL  
(Other instructions  
verse side)

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re-

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 02127-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

Lea Unit

8. FARM OR LEASE NAME

Lea Unit SWD

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Lea Unit Area

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 12-20S-34E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

DF 3665'

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

18.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐  
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON\*

REPAIR WELL

CHANGE PLANS

(Other)

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.)\*

6-15-70

Spotted 500 gal. of paraffin solvent and let it soak for 3 hrs. Pumped 1000 gals. 15% acid behind solvent and back-flowed well to pit for 2 hrs. Prior to treatment well was taking 5430 BWP and now is taking 7400 BWP @ 200 psi.

7-17-70

Spotted 500 gal. P-121 solvent and let soak 4 hrs. Pumped 750 gal. 15% HCL acid and 75 gal. U-66 behind solvent. No evaluation of treatment taken at this time.

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

SIGNED

*E. A. Rick*

TITLE

Area Supt.

DATE

8-12-70

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

