16.

D

GEOLOGICAL SURVEY

| | Form approved. |
|---|-------------------------------------|
| . | Budget Bureau No. 42-R142 |
| | 5. LEASE DESIGNATION AND SERIAL NO. |

| 5. LEASE | DESIGNA | TION A | D SERIAL | NO. |
|----------|---------|---------|-----------|--------|
| | \sim | 2/1 | / 2 ^ | [A |
| 4 | - U: | 7/ G | クエロ | 181 |
| 6 DE IND | TAN ALL | OTTER O | R TRIBE S | 7 N 10 |

| 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.) | |
| | 7. UNIT AGREEMENT N |

| | ••• | I |
|----|--|--|
| 1, | | 7. UNIT AGREEMENT NAME |
| | WELL GAS WELL OTHER | |
| 2. | NAME OF OPERATOR | 8. FARM OR LEASE NAME |
| | Contenental all Company | Slove Permion |
| 3. | ADDRESS OF OPERATOR | 9. WELL NO. |
| | DOX 460 HOUVE, New Mixico | 29 |
| 4. | LOCATION OF WELL (Report location clearly and in accordance with any State requirements. | 10, FIELD AND POOL, OR VILDCAT |
| | See also space 17 below.) At surface | Stagge Hayburg |
| | | State of the state |

1980' FUL and 660' FEL of Sec 2K

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

354/ del

| NOTICE OF INTENTION TO: | | | SUBSEQUENT REPORT OF: | | |
|-------------------------|--|----------------------|-----------------------|---|---|
| TEST WATER SHUT-OFF | | PULL OR ALTER CASING | | WATER SHUT-OFF | REPAIRING WELL |
| FRACTURE TREAT | | MULTIPLE COMPLETE | | FRACTURE TREATMENT | ALTERING CASING |
| SHOOT OR ACIDIZE | | ABANDON* | | SHOOTING OR ACIDIZING | ABANDON MENT* |
| REPAIR WELL | | CHANGE PLANS | | (Other) | |
| (Other) | | | | (Note: Report results of mu Completion or Recompletion) | iltiple completion on Well 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.) *

Let focker at 3663'. Acid fracel w/750 gals HCL-NE acid. Frac'd w/15,000 gals gelled produced water and 30,000 # 20/40 50nd. Completed - 8-18-72

| 18. I hereby certify that the foregolyg is true and correct | | |
|---|-------------------|-------------|
| SIGNED (Must Smult 11) | admin. Supervisor | DATE 9-8-72 |
| 7-00-07 | | |
| (This areas for Pederal or State office week | | |

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

SEP 1 1 1972

*See Instructions on Reverse Side

S. GEULOGIUME SURVEY HOBBS, NEW MEXICO

USAScher NIMFUCUS Fine,