TEST WATER SHUT-OFF

FRACTURE TREAT

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## UNITED STATES SUBMIT IN TRIPLICATE\* Other instructions on re(Other instructions on reverse side)

Eorm approved, Budget Bureau No. 42-R1424

GEOL JICAL SURVEY

PULL OR ALTER CASING

MULTIPLE COMPLETE

	Dauget 150	11 cau 110.	TA-ILLTEY.
5. LEASE	DESIGNATI	ON AND SE	CRIAL NO.
1	A		
~ -	137	096	, ( <i>a</i> )

REPAIRING WELL

ALTERING CASING

S	UNDRY	NOTICES	AND	REPORTS	ONW	/ELLS
186	this form	for proposals to	drill or to	deepen or plu	g back to a	different r

(Do not use the	his form for proposals to drill or to deepen or plug back to a different reservoir.  Use "APPLICATION FOR PERMIT—" for such proposals.)	
OIL GAS WELL WELL	L X OTHER	7. UNIT AGREEMENT NAME  NMFU
	AL OIL COMPANY	8. FARM OR LEASE NAME Rechebrat a-27
P. O. Box 46	0, Hobbs, N.M. 88240	9. WELL NO.
See also space 17 l At surface	(Report location clearly and in accordance with any State requirements,*  La 660 FWL Bac. 27	10. FIELD AND POOL, OR WILDCAT  11. SEC., T., R., M., OR BLK. AND  SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)  3.429'0F	Sec. 27 T-215 E-37 E 12. COUNTY OR PARISH 13. STATE
16.	Check Appropriate Box To Indicate Nature of Notice, Report,	

SHOOT OR ACIDIZE SHOOTING OR ACIDIZING ABANDONMENT\* REPAIR WELL CHANGE PLANS

WATER SHUT-OFF

FRACTURE TREATMENT

(Other) Completion of Mell (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.)

All is prepared to temporarily abordon the lower Arinkord (Oil) first by setting a CIBP at 6,510' with I such comest on toy. Additional Arinhand (gas) zone will be selectively perforated from 6381 to 6,486 with a total of 7 jet chate her there with a total of 1500 gal. 15% Hehsuch well Been Blindery and Archard taking strings

18. I hereby certify that the foregoing is true, and con	
SIGNED SUCH FRUIT	TITLE Division Office Manager DATE 4-22-74
(This space for Federal or State office use)	SOUVED
APPROVED BYCONDITIONS OF APPROVAL, IF ANY:	TITLE APPROVE
	*See Instructions on ReverseASTHUR R. BROWN *See Instructions on ReverseASTHUR R. BROWN
<b>V</b> -	*See Instructions on ReverseARTHUR R. BROWN

US\$5-5, MMFV-4, File

DISTRICT ENGINEER