

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.  
5. LEASE DESIGNATION AND SERIAL NO.

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.)

HUBBS OFFICE U.C.C.  
MAY 10 11 27 AM '68

10-036441-11  
6. INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. LEASE AGREEMENT NAME
2. NAME OF OPERATOR Millard Deck	8. FARM OR LEASE NAME Atha
3. ADDRESS OF OPERATOR P. O. Box 409, Eunice, New Mexico 88231	9. WELL NO. 1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 660' FSL	10. FIELD AND POOL, OR WILDCAT Jalmat 7 Rvrs Yates Tansill
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 31, T21S, R36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) XXXXXXXXXXXXXXXXX 3376' GL	12. COUNTY OR PARISH Lea
	13. STATE N. M.

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"/>	

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) Plug back, perf. & treat	

(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.)\*

1. Rigged up well servicing unit 5/4/68 pulled tubing.
2. Go Services, Inc. set cast iron bridge plug at 3715' in the 5 1/2" 15.50# J-55 casing.
3. Perforated intervals between 3511' & 3679' with 20 holes.
4. Ran 2 3/8" tubing with a packer and set packer at 3410'.
5. Acidized perforations using 2,000 gallons of 15% reg. acid. Treating pressure 2400# to 2500#. ISDP 1300#. Used ball sealers to stage acid.
6. Fracture treated using 20,000 gallons of gelled water with 1#SPG.
7. Pulled packer, reran 2 3/8" tubing, rods, and pump. Placed well back on pump.

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

SIGNED Millard Deck TITLE Owner-Operator DATE 5/7/68

(This space for Federal or State office use)

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

\*See Instructions on Reverse Side