

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(Other instructions on
reverse side)

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

Las Cruces 032096(a)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR CAMPBELL & HEDRICK		8. FARM OR LEASE NAME A.M. LOCKHART	
3. ADDRESS OF OPERATOR P.O. Box 401, Midland, Texas 79702		9. WELL NO. 2	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660' fr. So. Line & 990' fr. W. Line Sec. 17, T21S, R37E, NMPM		10. FIELD AND POOL, OR WILDCAT DRINKARD	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 17, T21S, R37E, NMPM	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) DF 3503'		12. COUNTY OR PARISH LEA	
		13. STATE NEW MEXICO	

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 type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>

(Other) Logging, perforating, acidizing & Sand Frac

(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.) *

On 11-7-78 Logged well and perforated 5 1/2" Csg. w/ 2 shots per foot, 6562', 6547', 6532', 6517', 6406', 6396', 6373', 6357', 6347', 6309', 6291', 6270', 6241', and 6212'. Acidized above Perfs. w/ 3000 gal. 15% acid and Sand -Fraced w/ 35000 gelled 9.2 brine w/ 45000# 20/40 mesh sand. Acid and Frac job was done down 2 7/8" tubing. Aver. inj. rate 23/bbls/minute; aver. pressure 5350#. After job well produced 2 bbls. oil with GOR 10,000--Flowing on intermitter.

RECEIVED

MAY 9 1979

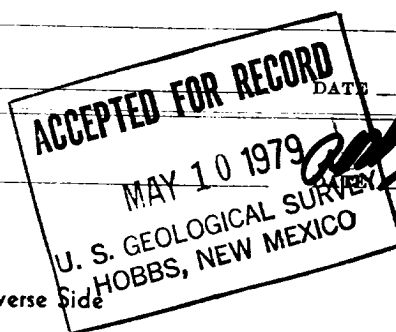
U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED J. C. Campbell TITLE Pet. Eng.

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side

