

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.

LC032591-(c)

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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

HARDY

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

PENROSE-SKELLY GRAYBURG

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

SEC 19, T21S, R37E

12. COUNTY OR PARISH 13. STATE

LEA

NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR  
CAMPBELL & HEDRICK

3. ADDRESS OF OPERATOR  
P. O. BOX, 401, MIDLAND, TEXAS 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

660 ' FSL and 1650' FEL

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3514 DF

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

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

ABANDONMENT\*

REPAIR WELL

CHANGE PLANS

(Other)

(Other)

(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.)\*

Pull rods and Tbg. Run tbg. and set Packer at 3550±.

Acidize with 3000 gal NE HCl. SWAB test. Unseat Packer. Pull tbg.

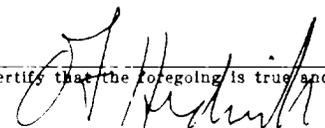
Run tbg. Run Pump and rods and return to production.

work to start May 15, 1996.

MAY 15 1996  
 RECEIVED

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

SIGNED



TITLE OPERATOR

DATE 4/25/96

(This space for Federal or State office use)

APPROVED BY

(ORIG SQD.) STEVE G. ...

TITLE

STEVEN ...

DATE

5/20/96

CONDITIONS OF APPROVAL, IF ANY: