

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Form approved.
Budget Bureau-No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM-093840
2. NAME OF OPERATOR Cleary Petroleum Corporation		6. IF INDIAN, ALLOTTEE OR TRIBE NAME ---
3. ADDRESS OF OPERATOR P. O. Drawer 2358, Midland, Tx. 79702		7. UNIT AGREEMENT NAME ---
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 3300' FNL & 660' FWL		8. FARM OR LEASE NAME Pubco Federal
14. PERMIT NO. Letter of 3-27-73		9. WELL NO. 1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3719' GR		10. FIELD AND POOL, OR WILDCAT Salt Lake, South (Morrow)
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 2, T-21-S, R-32-E
		12. COUNTY OR PARISH 13. STATE Lea N. M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <u>Reactivate Morrow zone</u> <input checked="" type="checkbox"/>	

(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.)*

6-22-77 Ran Otis WB pkr. Set @ 13,547'.

6-23-77 Ran 2 7/8" tubing w/latch-in seal assembly. Latched into Otis WB pkr.

6-24-77 Ran McCullough tubing perforating gun, 1 9/16". Perforated as follows:
 13,696-704' w/9 - 0.25" holes
 13,912-918' w/7 - 0.25" holes
 13,936-939' w/4 - 0.25" holes
 13,941-944' w/4 - 0.25" holes
 13,956-958' w/3 - 0.25" holes
 14,272-275' w/8 - 0.25" holes
 All zones one shot/ft. except 14,272-275' two shots/ft.

6-25-77 Acidized w/5750 gals. of 7 1/2% HCL Morrowflow acid. TP 4000 psi to maximum of 7000 psi. Acid had 1500 SCF Nitrogen per bbl. Av. Injection pressure 6900 psi. ISI 5100 psi, 5 min. 2800 psi, 10 min. 2300 psi, 15 min. 2000 psi.

6-26-77 Pulled tubing and OSTSDm re-run OSTSD, Otis sleeve, & 9 5/8" hydraulic set packer to isolate Strawn zone.

6-27-77 Released Otis OSTSD. Pulled 2 7/8" tbg. Started back in hole w/OSTSD w/lugs cut off, 2 7/8" tbg., Otis sliding sleeve, & Otis "RH", 9 5/8".

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

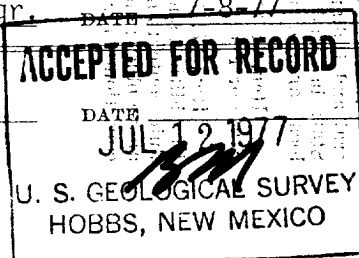
SIGNED Douglas W. Rice TITLE Assistant Dist. Prod. Mgr. DATE 7-8-77

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



6-27-77 hydraulic set packer.
(con't)

6-28-77 Set Otis OSTSD down on "N" nipple w/15,000# wt. Otis WB pkr. @ 13,445' w/seal assembly and "N" nipple in pkr. Have Otis sleeve @ 12,749' (up to open-down to close). 9 5/8" RH hydraulic set pkr. @ 20,752'. Ran Otis wireline plug & set in "N" nipple. Pressured annulus to 1000 psi. Held o.k. Pulled Otis wireline plug. Swabbed in & resumed producing Morrow zone (Strawn zone isolated between pkr.).