

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
verse 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. 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, Texas 79701		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	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3719' GR	9. WELL NO. 1
		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 Lea
		13. STATE 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"/>	WATER SHUT-OFF	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	FRACTURE TREATMENT	<input checked="" type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	SHOOTING OR ACIDIZING	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	(Other)	<input type="checkbox"/>
(Other)	<input type="checkbox"/>	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)	<input type="checkbox"/>
PULL OR ALTER CASING	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
MULTIPLE COMPLETE	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
ABANDON*	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
CHANGE PLANS	<input type="checkbox"/>		

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.)*

11-22-76

Fractured Strawn down 2 7/8" tubing w/25,000 gals. of 2% KCL Versafrac & 22,000# of 20/40 sand in two stages. Pumped 2000 gals. pre-pad, 2000 gals. pad & 10,000 gals w/11,750# of sand in first stage. Followed 2nd stage w/200# of benzoic acid flakes and 20 ball sealers, 4000 gals. of pad, 9000 gals w/10,250# of sand. Average treating press. 8000 psi @ 8 1/2 BPM (including CO₂). Flushed w/3000 gals. @ 8600 psi & 9 BPM. Used 1500 SCF (standard cu. ft.) of CO₂ per bbl of total fluid.

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

SIGNED

[Signature]

TITLE Assistant District Manager

DATE 12-10-76

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

