

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(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. 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. 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		9. WELL NO.
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 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"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input 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.)*

Fracture Strawn formation thru perforations 12,850 - 12,860', 12,870 - 12,874', & 12,886 - 12,891' via 2 7/8" tubing and RTTS Packer at 8 to 10 BPM using 25,000 gallons of 2% KCL VERSAFRAC carrying 22,000 pounds of 20-40 mesh sand. Treatment is to contain approximately 1,500 scf of CO₂ per barrel and is to be staged and diverted using TLC-80 (benzoic acid) and ball sealers.

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

SIGNED *Douglas W. Price*

TITLE Assistant District Manager DATE 11-19-76

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED
DATE NOV 23 1976
Bernard Moroz
DISTRICT ENGINEER

*See Instructions on Reverse Side