

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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. 71-032591(c)
2. NAME OF OPERATOR CAMPBELL & HEDRICK		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P.O. BOX 401, MIDLAND, TEXAS 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 660 FSL & 1980 FEL, Sec. 19, T21 S, R37E, NMPM, Lea County, New Mexico		8. FARM OR LEASE NAME Hardy
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3507 GL	9. WELL NO. 6
		10. FIELD AND POOL, OR WILDCAT Drinkard
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S19, T21S, R37E
		12. COUNTY OR PARISH LEA
		13. STATE NM

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 checked="" 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"/>	
(Other) <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.)*

11/14/77

Fracture Drinkard perforations, 6617-6712 with 35,000 Gelled 9# Brine with 45,000 lb. sand from 1/2 lb per gal to 3 lb. sand per gallon, 1200 lb. J-2, 800 # Aquaseal II and 20 gal LT-22. Max treating pressure 3325 PSI, Min 3000 PSI, AVE 3300 Injection rate 25 BPM. ISDP 2050, 15 min 1200 PSI. Swabbed well down-would not flow. Run rods and put well to pumping on 3/15/78.

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

SIGNED Alex. P. Hedrick TITLE PARTNER DATE 4/18/78

(This space for Federal or State office use)

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

*See Instructions on Reverse Side

