

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or 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"/>		LC 069515	
2. NAME OF OPERATOR		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR		7. UNIT AGREEMENT NAME	
P.O. Box 460, Hobbs, New Mexico		8. FARM OR LEASE NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)		9. WELL NO.	
At surface 1980' FNL & 1980' FEL, Sec. 26, T-26S, Range 32-E, Lea County, New Mexico, NMPM.		25	
14. PERMIT NO.		10. FIELD AND POOL, OR WILDCAT	
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		Battleaxe-EI Mar N. Mason Field	
3105' BHF		11. SEC., T., R., M., OR U.S. AND SURVEY OR AREA	
		Sec. 26, T-26S, R-32E	
		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:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

The subject well was fractured in the following procedure:

TD 5900', PBD 4650'. Rigged up DD unit. Pld rods and cleaned out sd 4610-4650. Pulled tbg. Fraced perfs 4559-64, W/6000 gals crude containing 9000# 20/40 sand, 2000 gals crude containing 2000# 10/20 sand and 400# "ADOMITE" Additives. Ip pumped 10 BO, and 12 BW in 24 hrs. W/3.5 MCFGPD. GOR 350. Work started 1-7-65, work completed 2-2-65. Tested 2-2-65.

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

SIGNED

TITLE

Staff Supervisor

DATE 2-22-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-2, NMOCC-3 JM

*See Instructions on Reverse Side