*		Form approved. Budget Bureau No. 42-R1	42
-	5. LEASE	DESIGNATION AND SERIAL	SO.

Form 9-331 (May 1963)		LC 030168 a
Ontinen  Continen  Abbress of operation of we see also space 1  At surface	Hobbs, New Mexico  (Report location clearly and in accordance with any State requirement)	TO THE SECOND OF WILDCAT  R-37E,  TO THE SECOND OF THE SEC
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2948 DF	Lea N.M.
16.	Check Appropriate Box To Indicate Nature of Not Notice of Intention to:	subsequent report of:

NOTIC	CE OF INTENTION TO:	SUBSEQUENT REPORT OF:		
-	<del>1</del>	'		<u></u>
TEST WATER SHUT-OFF	PULL OR ALTER CASING		WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	X MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CASING
	ABANDON*	[]	SHOOTING OR ACIDIZING	ABANDONMENT*
SHOOT OR ACIDIZE				1
REPAIR WELL	CHANGE PLANS		(Other) Report results of multi	tile completion on Well
(Other) Perf	Add'tl Pay	X	(Norr: Report results of multi- Completion or Recompletion Re	port 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 completed on 4-7-58 for an I.P. of 81 BO, 37 BW W/79.9 MCFGPD. Gas 987.

On latest test dated 7-5-65 well pumped 14 BO  $\sqrt[8]{85}$  BW through perfs 3156, 3164, 3174, 3182, 3244, 3250.

In order to increase production it is proposed to perforate intervals 3107, 3118 & 3129. Frac intervals 3174-82 W/10,000 gal of gelled water and 20,000# sand. Frac Intervals 3156-3164 M/10,000 gal of gelled water and 20,000# sand. Frac intervals 3156-3164 W/10,000 gal of gelled water and 20,000# sand. Acidize intervals 3107-3129 W/1000 gal 15% LSTNE acid then frac W/10,000 gal of gelled water and 20,000# sand.

A subsequent report will be submitted upon completion.

oquei onsupsedua A	TO WITH DC BUDMITOUCH apo	on completion.
		• .
18. I hereby certify that the foregoing is true and correc-	t	
SIGNED THAR Stythers	TITLE Staff Supervisor	DATE 10-14-55
(This space for Federal or State office use)		
APPROVED BY	TITLE	DATE
CONDITIONS OF APPROVAL, IF ANY:	DAN AM HATODO O CATTO M	TD 2 - 15120
USGS-5, NMOCC-2, ATL ROS-2,	PAN AM MUDBS-3, CALLE M.	TOPPOS /
*	See Instructions on Reverse Side	1 15 1903
•	See lustifications on treverse side	OC MACOWN
		A. A. BINGINEER
		A. R. BROWN DISTRICT ENGINEER
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