

COPY TO O. & C.  
UNIT 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.)

<p>1. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Texas Pacific Oil Company, Inc.</p> <p>3. ADDRESS OF OPERATOR P. O. Box 4067, Midland, Texas 79701</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface</p> <p style="text-align: center;">Unit E, 2310' FNL &amp; 990' FWL</p> <p>14. PERMIT NO.</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. US 219 NM 050 216</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME Gregory "B"</p> <p>9. WELL NO. 1</p> <p>10. FIELD AND POOL, OR WILDCAT Jalmat</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 28, 26-S, 37-E</p> <p>12. COUNTY OR PARISH Lea</p> <p>13. STATE New Mexico</p>
<p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 2995' GR</p>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Recomplete in Rhodes-Yates 7-R <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) _____	

(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.)\*

- Abandon Jalmat Yates Zone & Recomplete in Rhodes Yates 7-Rivers
1. Set EZ Drill cement retainer at 2950' and squeeze perfs. 2992'-3110' w/300 sx. Class "C" cement. WOC 24 hrs. & test squeeze.
  2. Clean out to 3280' - set CIBP at 3275'.
  3. Perf. w/1 SPF 3224'-26', 3230'-40', 3246'-56'.
  4. Set packer at 3210' & acidize w/2500 gals. 15% NE Acid.
  5. Recover load and test. Reset packer at 3120'.
  6. Frac w/40,000 gals. water & 64,000# sand.
  7. Swab and test.
  8. Run production equipment and place on production.

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

SIGNED W. J. McClintock

TITLE District Operations Supt.

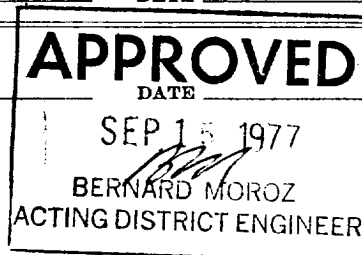
DATE 9-13-77

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

\*See Instructions on Reverse Side



RECEIVED

SEP 2 1977

OIL CONSERVATION COMM.  
HOBBS, N. M.

10303A