

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

COPY TO O. C. C.

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. LC 032579 (c)
2. NAME OF OPERATOR El Paso Natural Gas Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1800 Wilco Building Midland, Texas 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  660' FSL & 1980' FWL.		8. FARM OR LEASE NAME Carlson Federal
14. PERMIT NO.		9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3057		10. FIELD AND POOL, OR WILDCAT Jalmat
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 23, T-25-S, R-37-E
		12. COUNTY OR PARISH Lea
		13. STATE N. Mexico

RECEIVED  
SEP 21 1976

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"/>	FULL 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 checked="" 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"/>

(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.) \*

- Plan to
1. Rig up pulling unit, remove wellhead and set BOP.
  2. Pull 2 3/8" tubing.
  3. Run CNL-FDC & CBL logs.
  4. Starting with Sevens Rivers as bottom zone we will perforate and test each zone separately which appears to be productive from the logs.
  5. Acidize all productive zones (including old zones in two stages-one stage for old zones).
  6. Test all perforated zones for production.
  7. If any zone shows significant increase in production from acidizing proceed with fracture stimulation.
  8. Run in production tubing and restore well to production.

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

SIGNED Bernard Moroz TITLE Administrator Prod. Svs. DATE 9/20/76

(This space for Federal or State office use)

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

**APPROVED**  
DATE SEP 22 1976  
BERNARD MOROZ  
DISTRICT ENGINEER

\*See Instructions on Reverse Side