

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLICAL SURVEY **COPY TO O. C. (**

SUBMIT IN TRIPlicate
(Other instructions on re-
verse 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"/> 2. NAME OF OPERATOR Oil Development Company of Texas 3. ADDRESS OF OPERATOR P. O. Box 12058, American National Bank Bldg, Amarillo, TX 79101 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit L, 2310' FSL and 330' FWL, Section 23-25S-37E | | 5. LEASE DESIGNATION AND SERIAL NO. LC032579(C) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME 7. UNIT AGREEMENT NAME 8. FARM OR LEASE NAME Carlson A 9. WELL NO. 101 3 10. FIELD AND POOL, OR WILDCAT Langlie Mattix 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23-25S-37E 12. COUNTY OR PARISH 13. STATE Lea NM |
| 14. PERMIT NO. | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3060' DF | |

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 checked="" type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input 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"/> | |

(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.)*

7-27-78 thru 8-3-78:

Pulled rods and layed down 10 rd thg. Cleaned out hole with sand pump. Ran casing inspection log. Located hole in 7" casing at 10' depth. Dug out around casing and replaced bad 7" casing. Set RBP at 3100' and pressured casing to 500 psi. Held OK. Ran rods and pump in 2" 8 rd tubing.

8-18-78: Pumped 3.5 BO, no gas and 50 BW per 24 hours.

RECEIVED

AUG 23 1978

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED *Anthony J. Walker*

TITLE Petroleum Engineer

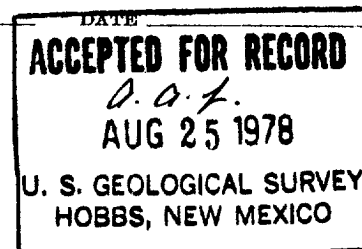
DATE August 23, 1978

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side



STANDARD FORM NO. 64

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NAVY COMM
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