

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)

COPY TO O.G.

Form approved.
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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 000500-0 032579-F
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 FNL & 660 FWL of Section	8. FARM OR LEASE NAME Harrison Federal
	9. WELL NO. 2
	10. FIELD AND POOL, OR WILDCAT Jalmat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 27, T-25-S, R-37-E
14. PERMIT NO.	12. COUNTY OR PARISH Lea
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3110 Gr.	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	<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) Open Additional Yates Sections	<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)	<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 is to remove wellhead and install BOP, pull tubing and set retrievable bridge plug at 2865', spot 250 gallons double inhibited HCL acid 2865' to 2715'. Run Gamma Ray Correlation Log and perforate intervals with 1 SPF: 2848-40, 2810-2800, 2780-65. Set packer at 2700' and break perfs down with 2000 gallons 7 1/2 % HCL acid, shut-in 2 hours then swab test through tubing. If additional gas is indicated fracture intervals down tubing in three stages using 10,000 gallons foam plus 16,000# 20/40 sand and 11 ball sealers. Then blow back immediately to clean up. Swab if necessary, pull packer and land tubing at 3050. Rig down, replace wellhead and return well to production.

Proposed starting date: August 3, 1977, subject to unit availability.

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

SIGNED C. C. Goodwin
(This space for Federal or State office use)

TITLE Adm. Prod. Services DATE July 14, 1977

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

JUL 15 1977

ARTHUR R. BROWN
DISTRICT ENGINEER