

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE
(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.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐	5. LEASE DESIGNATION AND SERIAL NO. L. C. 03251C (6)
2. NAME OF OPERATOR Texas Pacific Oil Company, Inc.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 4067, 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 Unit H, 1980' FNL & 660' FEL	8. FARM OR LEASE NAME Gregory "C"
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3207 GR	10. FIELD AND POOL, OR WILDCAT Langlie Mattix
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-25-S, R-37-E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐
REPAIR WELL ☐	CHANGE PLANS ☐
(Other) ☐	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
(Other) Repair Casing Leak ☒	

(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.) *

1/28/76:

1. Located casing leak by pressure testing using packer & RBP.
2. Set RBP at 2410' and packer at 870'. Pressure annulus to 400#. Pumped 12 BW @ 2 BPM w/good returns to surface. Pumped 190 sx class "C" w/2% CACL, 15.6# slurry. Circ to surface w/10 sx closed valve, pumped 100 sx into formation, max 975 PSI. Flushed w/4 BW. WOC.

1/29/76:

3. Drilled out cement & tested casing to 550#. Held ok for 30 minutes. POH w/RBP.
4. Ran tubing, pump and rods and returned to production 1/30/76.

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

SIGNED W. J. McClintock

TITLE Area Superintendent

DATE 2/12/76

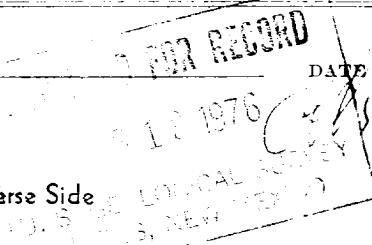
(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side



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11. PERMIT NO.	12. COUNTY OR PARISH	13. STATE
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SUBSEQUENT REPORT OF:

WATER SHUT-OFF	REPAIRING WELL
FRACTURE TREATMENT	ALTERING CASING
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1. MIRUPU, Pull rods, Install B.O.P., Pull tubing.
2. Run RBP and packer to locate casing leak.
3. Dump 3 sks. sand on RBP after setting 40' below bottom hole in 5 1/2" casing. Set packer 30' above hole in casing.
4. Establish pump rate.
5. Squeeze w/250 sks. Class "C" containing 6#/sk. Gilsprite (15.6# slurry) Thickening time 2 1/2 hours. Tail in w/100 sks. Class "C" (Slurry wt. 16.5#/Gal.).
6. If squeezed, test and drill out cement.
7. Reverse out sand and pull R.B.P.

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

SIGNED La Wright TITLE Area Supt. DATE 1-9-76

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: