

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032874-(a)
2. NAME OF OPERATOR TEXACO Inc.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME NONE
3. ADDRESS OF OPERATOR P.O. Box 728 - Hobbs, New Mexico		7. UNIT AGREEMENT NAME NONE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Well located 990' from the West Line, and 1980' from the South Line of Section 35, T-24-S, R-37-E, Lea County, N.M.		8. FARM OR LEASE NAME G. L. Erwin "a"
14. PERMIT NO. Regular		9. WELL NO. 4
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3189' (D.F.)		10. FIELD AND POOL, OR WILDCAT Justis Blinbry
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-24-S, R-37-E
		12. COUNTY OR PARISH Lea
		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)	<input type="checkbox"/>		<input 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 checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)*

The following work has been completed on subject well:

1. Pull rods and tubing.
2. Perforate 2-7/8" O.D. casing with one jet shot at 5381', 5388', 5391', 5400', 5412', 5452', 5462', 5470', 5503', 5561', 5608', and 5619'.
3. Acidize with 300 gals acetic acid. Re-acidize with 1000 gals 15% NE in 10 stages with one ball sealer between stages. Swab well.
4. Frac with 20,000 gals gelled lease crude, and 20,000 lbs. sand with 1/40 lb adomite per gal. Swab well, Test, Place well on production.
5. On 4 Hour Potential Test, ending 6:00 P.M. December 10, 1964, Well flowed through 21/64" choke, 60 Bbls. Oil and No Water.

GOR - 397
GRAVITY - 36.6
TOP OF PAY - 5381'
BTM OF PAY - 5781'

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

SIGNED H. D. Raymond TITLE Assistant District Superintendent

December 14, 1964

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER