

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060942

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Justis

9. WELL NO.

3-Y

10. FIELD AND POOL, OR WILDCAT

Justis-Blinebry

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

Sec. 11, T25S, R37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3134' DF

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

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FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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 Blinebry zone (perfs 5284-5300') has been shut in since June, 1970, when production became uneconomical. We propose to test the upper Blinebry by perforating w/one 1/2" JS @ 5079, 5082, 5089, 5097, 5099, 5107, 5112, 5117, 5141, 5153, 5156, 5161, 5163, 5169, 5195, 5198, 5206, 5211, 5237 & 5239 (Sonic Log msmt). Treat these perfs w/1000 gal 15% HCl acid & 80,000 gal of water containing 80,000# of 20/40 sand. Test & place on production through 2-3/8" tubing set at approx 5100'.

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

SIGNED

*A.C. Bratches*

TITLE Dist. Drlg. Supervisor

DATE 12/20/71

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side