

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instruction
reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032874-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

G. L. Erwin 'A' Federal

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Justis Devonian North

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

New Mexico

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 ☐

2. NAME OF OPERATOR

TEXACO Inc.

3. ADDRESS OF OPERATOR

P.O. Box 728 - Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)

At surface Well is located 990' from the South Line and 990' from the West Line of Sec. 35, T-24-S, R-37-E, Unit Letter M.

14. PERMIT NO.

Regular

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

3183' GR

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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.)*

TEXACO Inc. proposes to do the following work on subject well:

1. Perforate through 2-3/8" casing w/1 JSPI @6866, 68, 72, 78, 83, 88, 94, 96, 6910, 12, 14, 35, 37, 52, 55, 59, 72, 82, 7036, 40, 44, 49, 51, 55, 7105, 08, 12, 15, 20 and 26'.
2. Acidize down 2-3/8" casing w/4000 gal 15% retarded acid in 10 equal stages. Each stage will consist of the following pumped in the order given:
 - (a) 75 gal diesel pad (to aid in retarding the acid).
 - (b) 300 gal 15% retarded acid.
 - (c) 300 gal lease crude.
 - (d) 50 gal gelled acid containing 25 lb benzoic acid.
 - (e) 100 gal 15% retarded acid.After the final stage displace tubing volume and overflush w/400 gal lease crude.
3. Swab, test and place on production.

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

SIGNED

TITLE

Assistant District
Superintendent

DATE October 11, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

DATE

CONDITIONS OF APPROVAL, IF ANY:

OCT 18 1971

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER

RECEIVED

OCT 16 1971

**OIL CONSERVATION COMM.
HOBBES, N. H.**

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIP
(Other instruction
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"/>		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 is located 990' from the South Line, and 990' from the West Line of Section 35, T-24-S, R-37-E, Lea County, New Mexico.		8. FARM OR LEASE NAME G. L. Erwin "a"
14. PERMIT NO. Regular		9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, OR, etc.) 3196' (D. F.)		10. FIELD AND POOL, OR WILDCAT Justis Blinebry
		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 ☐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 following workover has been completed on subject well:

1. Pull pump equipment, perforate 2 3/8" Casing with one jet shot at 5461', 5499', 5524', 5530', 5559', 5563', 5609', 5613', 5618', 5645', 5665', and 5673'.
2. Acidize with 1200 gals regular 15% NE acid in twelve stages with one ball sealer between each stage. Release pressure and allow balls to drop.
3. Frac with 20,000 gals gelled lease oil with friction reducer agent, and 20,000 lbs sand, swab well.
4. On 7 Hour Potential Test well flowed through 20/64" choke, ending 6:00 P. M. October 14, 1964, 56 BBL Oil, and no water.
GOR - 411
GRAVITY - 36
TOP OF PAY - 5461'
BTM OF PAY - 5767'

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

SIGNED

H. D. Raymond

TITLE

Assistant District
Superintendent

DATE October 16, 1964.

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side