

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

5. LEASE DESIGNATION AND SERIAL NO.

NM-0766

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Carlson Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Langlie Mattix

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

Section 23, T-25-S, R-37-E

14. PERMIT NO.

30-025-70400

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

3081.9 G.L.

12. COUNTY OR PARISH

Lea

13. STATE

NM

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.)*

9-25-85

Perforated well from 3531-3542 with 10 shots. Acidized with a total of 1500 gals of 15% MCA acid. Tested 100% water. Set cement retainer at 3491 and squeezed with 100 sx cement. Final pressure 1800 psi. Work completed 9-27-85.

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

SIGNED Michelle NemlueTITLE Administrative AssistantDATE October 11, 1985

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side

RECEIVED

OCT 15 1985

D.C. 9
HOBBS OFFICE