

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.

LC-032450 (8)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> | 7. UNIT AGREEMENT NAME SOUTH MATIX UNIT FED |
| 2. NAME OF OPERATOR (Indicate company) BOX 367, ANDREWS, TEXAS 79714 | 8. FARM OR LEASE NAME |
| 3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714 | 9. WELL NO. 4 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL x 1980' FWL Sec. 15, (UNIT F, SEC 15 NW 1/4) | 10. FIELD AND POOL, OR WILDCAT FOUR-ELENBURGER |
| 14. PERMIT NO. | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37 N10PM |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3266' 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

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)

(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.)

Restored well to production after performing
remedial work as follows:

Squeezed perforations 9850-9911 w/ 250 BX Class H.
Drilled & cleaned out to 10,130'.

Perforated 9811-21 w/ 21SPF & acid w/ 250 gal 15% HCl.
Evaluated.

Pmp - 50 BOP + 4 BW 24 HRS.

Prior - well dead.

TD - 10270'
PB - 10130'

OC - 12-17-75

COMP - 1-13-76

7" CSA 10142'

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

SIGNED

TITLE ADMINISTRATIVE ASSISTANT

DATE

JAN 27 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

OK-A-USGS-14

1-DIV

1-SUSP

1-PRY

1-COORD

1-DEPT

1-CHIEF

*See Instructions on Reverse Side

ACCEPTED FOR RECORD
JAN 30 1976
GEOLOGICAL SURVEY
HOBBS, NEW MEXICO