

7. UNIT AGREEMENT

9. WELL NO.

10. FIELD AND POOL, A WILDCAT

FOWLER-UPPER YESO

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

15-24-37 NMPM

12. COUNTY OR PARISH: 13. STATE:

LEA N.M.

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on We. Completion or Recompletion Report and Log form.)

REPAIRING WELLS

ALTERING CASING

ABANDONMENT*

17. RISE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of start of 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.) *

In accordance w/ Form 9-331 submitted 10-10-73,
remedial work performed as follows:

Incorporated additional pay intervals 51-47-50, 56-58, 80-82, 86-88, 5206-11, 19-21, 27-30, 47, 58-60, 74-77, 82-84, 5300-04, 06-12, 24-28, 30-33, 42-44, 58-60, 66-68, 74-76, 88-90, x 96-98 w/ 2 JSPF. Acidiz'd w/ 1000 gal 15%. Frac'd w/ 60,000 gal gelled time + 72000# sand.

Evaluated and restored to production

Prigr- 3LW 11BD + 8BW x 422 MCFG 24Hrs

F. filter - " 7" + 20 BLW x 1810 " " 24/64 "CH. 1PF-500 CPC920.

TD - 5701'
PBD - 5665'

OC- 10-23-73
COMP- 11-7-73

4 1/2" CSA 5701'

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

SIGNED

TITLE ADMINISTRATIVE ASSISTANT

DATE ~~REV~~ 7-5-27

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

***See Instructions on Reverse Side**