

**UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

**N. M. O. C. C. COPY**

SUBMIT IN TRIPLICATE  
(Other Instructions on  
reverse side)

Form approved  
Budget Bureau No 42 R1424

*Copy 65F*

**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.)

<p>1. WELL TYPE: <input checked="" type="checkbox"/> OIL <input type="checkbox"/> WATER <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR: <i>Wann Tool Co. Company</i></p> <p>3. ADDRESS OF OPERATOR: <i>P. O. Box 668, Artesia, New Mexico 88210</i></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <i>At surface 2310' from the south line and 330' from the west line of Section 30, Township 19 S, Range 31 E, N. M. P. M.</i></p> <p>14. PERMIT NO.:</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3451 DF</i></p>	<p>5. LEASE DESIGNATION AND SERIAL NO. <i>MM 00814</i></p> <p>6. IF INDIAN, ALLOTTEE, OR TRIBE NAME:</p> <p>7. UNIT AGREEMENT NAME:</p> <p>8. PART OR LEASE NAME: <i>Southern Union</i></p> <p>9. WELL NO. <i>1</i></p> <p>10. FIELD AND POOL, OR WILDCAT: <i>N. Hackberry-Yates SR</i></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: <i>30-19S-31E</i></p> <p>12. COUNTY OR PARISH: <i>Eddy</i></p> <p>13. STATE: <i>N.M.</i></p>
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16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(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.)\*

*3-20-75 - Wann Tool Co. logged and perforated, 2 shots at 1967, 7074, 85, 89, 91 & 2002½ and 3 shots at 2009, 19 31, 32, 38, 39 & 42.*

*3-21-75 - Dowell fracture treated well with 1500 gals. 15% XF63 acid. 1000,000 gallons gelled fresh water and 110,000 lbs. sand. Well is pumping back water and results of fracture not known as yet.*

*4-3-75 - Mack Chase, Inc. sand-pumped and swabbed well down, ran rods & pump back & hung well on.*

*4-25-75 - Swabbed well down again. Well still averaging only 1 to 2 bbls. per day.*

*5-1-75 - Circulated sand out of well again and well is beginning to show increased production.*

**RECEIVED**  
JUL 1 1975  
O. C. C.  
ARTESIA, OFFICE

**RECEIVED**  
JUN 26 1975  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED <i>Alan Gardner</i>	TITLE <i>Agent</i>	DATE <i>June 25, 1975</i>
(This space for Federal or State office use)		
APPROVED BY <i>John A. Kraft</i>	TITLE <i>DISTRICT ENGINEER</i>	DATE <i>JUN 26 1975</i>
CONDITIONS OF APPROVAL, IF ANY:		

\*See Instructions on Reverse Side