

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
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.	
2. NAME OF OPERATOR SOUTHWEST PRODUCTION COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR 8333 Douglas, Suite 1352, Dallas, TX 75225		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface NE ¹ / ₄ SE ¹ / ₄ Sec. 33T29NR13W 1841/5 790/E		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. Callow Federal #1	
15. ELEVATIONS (Show whether DF, RT, GS, etc.) U. S. GEOLOGICAL SURVEY FARMINGTON, N. M.		10. FIELD AND POOL, OR WILDCAT Totah Gallup	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA	
		12. COUNTY OR PARISH San Juan	13. STATE NM

18. 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 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) <u>Temporarily abandon</u>	<input checked="" 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.) *

The Callow Federal #1 is a dually completed well -- both in the Totah Gallup formation and in the Dakota formation. The well is continuing to produce from the Dakota formation. Furthermore, we are expecting further production from the Gallup water-flood. We request authorization to temporarily abandon the Gallup formation in this well. This will avoid prematurely shutting off production.

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

SIGNED [Signature] TITLE [Title] DATE 2/24/83

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE [Title] DATE [Date]

CONDITIONS OF APPROVAL, IF ANY:

JAMES E. SMITH
DISTRICT MANAGER

*See Instructions on Reverse Side

NMOCC