

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Drilling</i>		5. LEASE DESIGNATION AND SERIAL NO. <i>N. M. 045685</i>
2. NAME OF OPERATOR <i>Tan American Petroleum Corp</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 68 Hobbs, N.M. 88240</i>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface <i>1650' FNL x 2314.2' FEL, SEC. 29 (UNIT G, SW/4 NE/4)</i>		8. FARM OR LEASE NAME <i>USA RUSSELL E. HORTON</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>4215' R.D.B.</i>	9. WELL NO. <i>27</i>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT <i>MILNE SAND SAN ANDRES</i>
NOTICE OF INTENTION TO: TEST WATER SHUT-OFF <input type="checkbox"/> PULL OR ALTER CASING <input type="checkbox"/> FRACTURE TREAT <input type="checkbox"/> MULTIPLE COMPLETE <input type="checkbox"/> SHOOT OR ACIDIZE <input type="checkbox"/> ABANDON* <input type="checkbox"/> REPAIR WELL <input type="checkbox"/> CHANGE PLANS <input type="checkbox"/> (Other) <input type="checkbox"/>		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>29-8-35 NMPM</i>
		12. COUNTY OR PARISH <i>ROOSEVELT</i>
		13. STATE <i>N.M.</i>

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 checked="" 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) <i>Completion Operations</i> <input checked="" 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.)\*

*On 1-12-65, 4 1/2" OD 9.5# J-55 Casing was run and set at 4718' w/ 250 sx Imcon neat cement. Tested casing with 1500 psi for 30 minutes. Test O.K. Drilled out to 4716' (PBD). Logged. Perforated 4680'-4710' w/ 21SPF. Acidized w/ 750 gallons.*

*On PT, swabbed 95 BO x 67 BLW in 16 1/2 hr. Cgr 26."*

*Comp. 1/17/65, TD 4718', PBD 4716' TPAY 4680, Samlinars, 4215 R.D.B.*

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

SIGNED \_\_\_\_\_ TITLE *Area Supt* DATE *1-18-65*

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

*DIST (0+7)*  
*0+4-USGS-Hobbs*  
*1-JWB*  
*1-SUSP*  
*1-WS*

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER