

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE\*  
(Other instruction  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0533777-C

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal 24

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLE. AND  
SURVEY OR AREA

24, T-7-S, R-32-E

12. COUNTY OR PARISH 13. STATE

Roosevelt New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

WESTERN STATES PRODUCING COMPANY

3. ADDRESS OF OPERATOR

900 Bank of the Southwest, Midland, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

1980' FNL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4449 ground level

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

6-12-68: Perforated 14 holes as follows:

4131', 4154', 4212', 4215', 4219', 4228', 4233', 4239',  
4243', 4244', 4248', 4333', 4334', 4335'

Acidized w/1000 gals acid.

6-13-68: Fraced well with 40,000 gals ref. oil.

6-14-68 Now running tubing. Prep to install pump equipment to start  
pumping back load.

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

SIGNED

TITLE

Office Manager

DATE June 14, 1968

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

JUN 17 1968

DISTRICT ENGINEER

\*See Instructions on Reverse Side.