

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

NM OIL COM. 89810  
SUBMIT IN THE  
Other instructions  
(reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

c/sf

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 purposes.)

RECEIVED BY  
NOV 03 1983  
O. C. D.  
ARTESIA, OFFICE

1. OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. NM 18959
2. NAME OF OPERATOR MONSANTO OIL COMPANY		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1300 One First City Center, Midland, Texas 79701		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 660' FSL & 1980' FEL		8. FARM OR LEASE NAME Albert Federal Com.
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) GL 3503'	9. WELL NO. 1
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		10. FIELD AND POOL, OR WILDCAT Wildcat -
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.)*		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 32, T-19-S, R-25-E
		12. COUNTY OR PARISH Eddy
		13. STATE NM

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"/>	

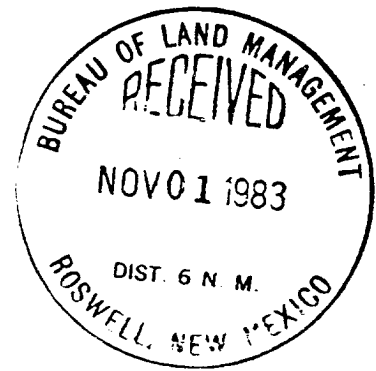
SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>Recompletion</u> <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.)\*

- 6/22/83 - MIRUPU. POH w/tubing and packer
- 6/23/83 - Set CIBP @ 8950: Dump 20' cmt on CIBP. PBDT 8930: Loaded hole w/2% KCL water.
- 6/24/83 - Set packer @ 8182'.
- 6/25/83 - Perforated 8663', 65', 66', 8497', 98', 99', 8390', 92', 94', 95', 8331', 34', 35', 8268', 69'
- 6/26/83 - Acidized with 5000 gallons 15% NEFE, Swabbed acid gas.
- 6/28/83 - Swabbed gas cut fluid all day.
- 6/30/83 - Opened to sales line.



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

SIGNED [Signature] TITLE Regional Production Mgr. DATE 10/31/83

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ ACCEPTED FOR RECORD

CONDITIONS OF APPROVAL, IF ANY:

NOV 1 1983