

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Copy of SF  
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.)

RECEIVED

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR: Inexco Oil Company

3. ADDRESS OF OPERATOR: 1100 Milam Building, Suite 1900, Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
Unit F, 1650' FNL & 1650' FWL of Sec. 30, T21S, R26E

5. LEASE DESIGNATION AND SERIAL NO.: NM-0400877A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME: \_\_\_\_\_

7. UNIT AGREEMENT NAME: \_\_\_\_\_

8. FARM OR LEASE NAME: USA-Boscowitz Com.

9. WELL NO.: 1

10. FIELD AND POOL, OR WILDCAT: Catclaw Draw - Morrow

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 30-21S-26E

12. COUNTY OR PARISH: Eddy 13. STATE: New Mexico

14. PERMIT NO.: \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.): KB 3462', GL 3450'

MAR - 6 1974

O.C.C. ARTESIA OFFICE

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"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input checked="" type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input checked="" type="checkbox"/>
(Other) <input type="checkbox"/>	

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) <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.)\*

Additional Activity on Proposed Workover:

1. Move packer from its original setting depth of 10,590' (above New Morrow "B" perfs. 10,658-63' and Morrow "B-2" perfs. 10,724-30' & 10,737'42' and existing Morrow "B-4" perfs. 10,804-20') to 10,773' to isolate Morrow "B" & "B-2" perfs. behind packer on 2-7/8" tubing/4 1/2" casing annulus to restore completion to only original "B-4" zone.
2. Perform an alcohol-acid treatment on original "B-4" perfs. 10,804-20', to restore and improve production.

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ARTESIA, NEW MEXICO

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

SIGNED: Terry W. Ellstrom TITLE: Engineer-Mid Continent Area DATE: 1/2/74  
(This space for Federal or State office use)

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

CONDITIONS OF APPROVAL, IF ANY:

This form was filed

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Submission pursuant to Oil and Gas  
Operating Regulations is required.  
Approved for artesian purposes.

\*See Instructions on Reverse Side

MAR 5 - 1974 A. J. Buhner MAR 5 1974  
Date: \_\_\_\_\_ ACTING District Engineer