

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078384

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C. M. Newsom

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Ballard Pictured Cliffs

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

Sec. 8, T-26-N, R-8-W
NM PM

12. COUNTY OR PARISH

San Juan

13. STATE

New Mexico

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Austral Oil Company Incorporated

3. ADDRESS OF OPERATOR

P. O. Box 259, Lamesa, Texas 79331

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

At surface 1740' from the East line and 1818' from the South line

14. PERMIT NO.

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

GR 6362.5

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.)*

Stimulated well through perforations 2199' to 2201' with 500 gallons 15% Hcl, 1,500 gallons mud acid followed by 1,000 gallons 2% Hcl flush. AIR 2 BPM. Maximum pressure 450 psi. Job completed 11:30 AM 12-3-70.



DEC 1 1970

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

SIGNED Travis King, Travis King

TITLE District Superintendent

DATE December 8, 1970

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side