

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

6. LEASE DESIGNATION AND SERIAL NO.
Federal # 975357-4

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Marshall

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Basin, Dakota

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

Sec. 1, T-27-N, R-9-W

12. COUNTY OR PARISH
San Juan

13. STATE
New Mexico

1. OIL ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Austral Oil Company Incorporated

3. ADDRESS OF OPERATOR

2700 Double Building, Houston, Texas 77002

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

At surface

**1450' from West line and 1450' from North line of
Section 1, T-27-N, R-9-W, Unit 7.**

14. PERMIT NO.

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

5553' GR

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 ☐

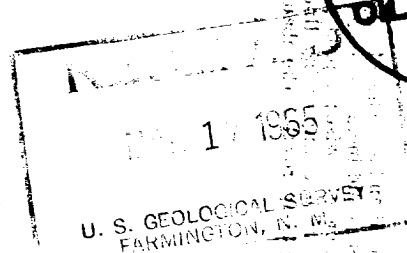
ALTERING CASING ☐

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.)*

**It has been requested by Mr. Emory C. Arnold, Supervisor, District 3,
State of New Mexico, Oil Conservation Commission that the well originally filed
as the Federal #1 be renamed the Marshall #3.**



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

SIGNED

[Signature]

TITLE

Chief Production Clerk

DATE

3-11-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side