

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Drilling</i>		5. LEASE DESIGNATION AND SERIAL NO. NM 0450847
2. NAME OF OPERATOR <i>Am American Petroleum Corp</i>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 68, Hobbs N.M. 88240</i>		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 810' FSL X 1980' FWL SEC 13 (Unit M, SE 1/4 SW 1/4)		8. FARM OR LEASE NAME FEDERAL "A"
14. PERMIT NO.		9. WELL NO. 5
15. ELEVATIONS (Show whether DF, RT, CR, etc.)		10. FIELD AND POOL, OR WILDCAT UNDESIGNATED DEVONIAN
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-9-35 NMPM
		12. COUNTY OR PARISH LEA
		13. STATE N.M.

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"/>		<input type="checkbox"/>

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input checked="" 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"/>		<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.)*

On 5-25-65, 9 5/8" OD 32.3#-40# H-40 + J-55 Casing was set at 4902' w/ 1775 # 8% Gel Salt Saturated Incon + 150 #. Salt Saturated Incon. Cement circulated. After 7000 18 hours, tested casing w/ 1600 psi. for 30 minutes. Test O.K.

Reduced hole to 8 3/4" at 4902' and resumed drilling operations.

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

SIGNED *[Signature]*

TITLE *Area Supt*

DATE *5-27-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUN 2 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

(047)
044 - USGS
c - JWB
c - SWS
c - W/S