

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

Copy 65F  
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"/> <b>DRILLING</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-067849</b>	
2. NAME OF OPERATOR <b>AMOCO PRODUCTION COMPANY</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>BOX 367, ANDREWS, TEXAS 79714</b>		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 <b>1980' FSL x 880' FWL Sec. 27 (Unit 1, NW 1/4 SW 1/4)</b>		8. FARM OR LEASE NAME <b>HONDO FED. GAS COM</b>	
14. PERMIT NO.		9. WELL NO. <b>2</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>NYA</b>		10. FIELD AND POOL, OR WILDCAT <b>LOGAN DRAW-MORROW-GAS</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>27-17-27</b>	
		12. COUNTY OR PARISH <b>EDDY</b>	
		13. STATE <b>N.M.</b>	

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

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) <b>Spudding</b>	<input checked="" type="checkbox"/>		<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.)

**Hondo Drilling Co. spudded 12 1/4" hole (20" Conductor pipe set @ 30' w/ circ cmt.) 7:30 PM 5-21-75.**  
**8 7/8" OD 24-32" H-40-K-55 Casing was set @ 1800'**  
**w/ 625 SX TLW x 7" ST x 200 SX CLASS C. Circ 120 SX. WOC**  
**18 hours & tested casing w/ 1200 PSI for 30 min.**  
**Test O.K.**

**Launched hole to 7 7/8" @ 1800' & resumed drilling.**

RECEIVED

JUN 2 1975

J.C.C.

ARTESIA, OFFICE

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

SIGNED

*[Signature]*

TITLE **ADMINISTRATIVE ASSISTANT.**

DATE **MAY 28 1975**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044- USGS- ART  
1- DIV  
1- SUSP  
1- RRV  
1- ARCO- Hobbs

MAY 28 1975

\*See Instructions on Reverse Side