

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSTANDARD FORM NO. 640  
(Other instructions on reverse side)

DATE on re-

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-061783(a)</b>	
2. NAME OF OPERATOR <b>Amoco Production Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>BOX 68, HOBBS, N. M. 88240</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) <b>At surface</b> <b>660' FSL x 660' FEL Sec. 4 (Unit P, SE 1/4 SE 1/4)</b>		8. FARM OR LEASE NAME <b>WINDFOHR FEDERAL</b>	
14. PERMIT NO.		9. WELL NO. <b>1</b>	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3570' R.D.B.</b>		10. FIELD AND POOL, OR WILDCAT <b>EMPIRE ABO</b>	
		11. SEC. T. R., M., OR BLK. AND SURVEY OR AREA <b>4-18-27 NMPM</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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input checked="" type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.) \*

Acidized perforations 5540'-5618' w/ 2000 gal solvent-acid blend + 2000 gal 20% NE acid  
Evaluated and restored to production.

Prior - Pmp 52 BO+ OBU 24 hrs. GOR 1519  
After - Pmp 150 BO+ OBU 24 hrs. GOR 2440

TD - 5800'  
PBD - 5763'  
5 1/2" CSA 5800'

OC - 3-29-72  
COMP 4-5-72

RECEIVED

APR 7 1972

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

APR 6 1972

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

044 USGS-ART  
1- SUSP  
1- DIV  
1- ZIEGLER  
1- WINDFOHR

APR - 7 1972

R. L. BEEKMAN

ACTING DISTRICT ENGINEER

See Instructions on Reverse Side