

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.

6. IF INTER, ACRONYM OR TRADE NAME

SUMMARY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir.  
See "APPLICATION FOR PERMIT" for such proposals.)

1. ☐ OIL ☐ GAS ☐ OTHER

2. NAME OF OPERATOR  
Artesia Production Company

3. ADDRESS OF WELL TOP  
1000 N. M. 8800

4. Location of well on map location clearly and in accordance with any State requirements.  
Artesia, N.M. 8800

11. COUNTY  
Artesia

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3400' PDB

7. UNIT OR WELL NAME

8. FARM OR LAND NAME  
Artesia

9. WELL NO.

10. FIELD AND NAME, OR WILDCAT  
Artesia - PDB

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
10-10-21 N10W

12. COUNTY OR PARISH  
Artesia

13. STATE  
N.M.

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

SECTION OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                               |                                                |                                          |
|-----------------------------------------------|------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> PULL OR ALTER CASING | <input type="checkbox"/> WATER SHUT-OFF        | <input type="checkbox"/> REPAIRING WELL  |
| <input type="checkbox"/> MULTIPLE COMPLETE    | <input type="checkbox"/> FRACTURE TREATMENT    | <input type="checkbox"/> ALTERING CASING |
| <input type="checkbox"/> ABANDON*             | <input type="checkbox"/> SHOOTING OR ACIDIZING | <input type="checkbox"/> ABANDONMENT*    |
| <input type="checkbox"/> CHANGE PLANS         | <input type="checkbox"/> (Other)               |                                          |

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. Describe operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any operations. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to operations.)

In an effort to reduce GOR and restore to  
has a reasonable status, propose to perform  
operations 5650'-85' w/ 100 SX Incon 5/8" the depth  
Well out to PDB 5990 and perforate intervals  
5922-45, 5960-66 w/ BJSPF. Acidize w/ 2000  
gal 15%. Evaluate. Restore to production.

TD-6030'  
PED-5930'  
6 1/2" CSA 6030.

RECEIVED

OCT 4 1971

D. C. C.  
ARTESIA, OFFICE

RECEIVED

SEP 30 1971

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE AREA SUPERINTENDENT

DATE SEP 29 1971

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

04-8-USGS-A27  
1- AC  
1- SUSP  
1- RRY  
1- ARCO  
OCT 1 1971  
H. L. BECKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side