

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.
NM-025601
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Amoco Production Company	8. FARM OR LEASE NAME MALCO G FEDERAL
3. ADDRESS OF OPERATOR BOX 68, HOBBS, N. M. 88240	9. WELL NO. 9
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) 1980' FSLx 660' FWL Sec 10 (Unit L, NW 1/4 SW 1/4)	10. FIELD AND POOL, OR WILDCAT EMPIRE ABO
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 10-18-27 N.M.P.M.
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3474' R.D.B.	12. COUNTY OR PARISH EDDY
	13. STATE N.M.

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 checked="" 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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)*

*In an effort to increase productivity propose to
fracture perforations 5795-5837' w/ 48,000 gal
gelled foam + 40,000 + # sand.
Evaluate and restore to production.*

TD-6032;
PB-5840;

4 1/2" CSA 6024'

PERFS: 5795-5804
5815-17, 35-37
~~6024-57 04~~

RECEIVED
JUN 22 1972
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
D. C. C.
ARTESIA, OFFICE

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

SIGNED _____ TITLE **AREA SUPERINTENDENT** DATE **JUN 21 1972**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____ DATE _____

04- USGS-Act
1- Div
1- SUPD
1- RRY
1- ~~1- 11~~
JUN 22 1972
R. L. BECKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side