

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.

026772-3

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Dunn

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

Artesia

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 11-18S-28E

12. COUNTY OR PARISH

13. STATE

N.M.

1.

OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Vatos Petroleum Corporation

3. ADDRESS OF OPERATOR

207 So. 4th Street - Artesia, New Mexico 38210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*

See also space 17 below.)
At surface

Unit M - 990' FSL and 990' FWL of Sec. 11-18S-28E

14. PERMIT NO.

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

3600' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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☐

PULL OR ALTER CASING

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☐
☐
☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐
☐
☐

REPAIRING WELL

☐
☐
☐

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(Other) Converted to Water Inj. Well

(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.)*

12-10-68 - Pulled rods and tubing, ran Guiberson Tension packer, set at 2450'

Started injecting water on January 1, 1969.

RECEIVED

FEB 20 1969

D. C. C.
ARTESIA, OFFICE

REC

FEB 20 1969

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

SIGNED

TITLE Prod. Supt.

DATE 2-27-69

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side