

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instruction
verse side)

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Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-037652

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Malco's Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Section 11, T. 18 N., R. 27 E., S. 1-12

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

11-18-27 NMDM

12. COUNTY OR PARISH 13. STATE

EDDY N.M.

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.)

RECEIVED

FEB 3 1972

1. OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Malco Production Company

3. ADDRESS OF OPERATOR

P.O. Box 88240

D.C.C.
ARTESIA, OFFICE

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1650' FNL x 1653' FWL Sec. 11 (Unit F, SE/4 NW/4)

14. PERMIT NO.

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

3587' RDB

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

☐
☐
☐
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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(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.)*

Well name and number changed
From: MALCO A Federal Well No. 3
To: MALCO S Federal Well No. 1

Completion horizon and type well occasional changes.

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

SIGNED

TITLE

AREA SUPERINTENDENT

DATE

JAN 19 1972

(This space for Federal or State office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

FEB 2 1972

CONTINUATIONS OF APPROVAL, IF ANY:

04- UEGS- HLT
1- DIV
1- SUBP
1- RRY
2- HONDO

*See Instructions on Reverse Side