| N. M. Or | | will they | |
|--|---|--|--|
| RECOESTATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY | SUBMIT IN TRIPLICATE (Other Instructions on re- | Form approved. Budget Bureau No. 42-R1424. LEASE DESIGNATION AND SERIAL NO. | |
| JUN 2 1 19/6 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.) | | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME | |
| ARTEMA DEFICE AS WELL WELL OTHER | RECEIVED | 7. UNIT AGREEMENT NAME EMPIRE SOUTH DEEP | |
| AMOCO PRODUCTION COMPANY | JUI 7 1976 | 8. FARM OR LEASE NAME MPIRE SOUTH DEEP LINIT | |
| P.O. DRAWER A, LEVELLAND, TEXAS 79336 LOCATION OF WELL (Report location clearly and in accordance with and See also space 17 below.) At surface 660' FNL × 990' FWL SEC. 5 (UNIT | S. GEOLOGIGAL SURVEY REFERIA; ON YOU MEXICO | 9. WELL NO. 9. WE | |
| | | 5-18-29 NMPM | |
| 14. PERMIT NO. 15. ELEVATIONS (Show whether DF | , RT, GR, etc.) | EDDY N.M. | |
| Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data Notice of Intention to: Subsequent Report of: | | | |
| TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinen proposed work. If well is directionally drilled, give subsurface locat nent to this work.)* | WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) SPUDDIN (NOTE: Report results of Completion or Recompletic details, and give pertinent dates, in | ABANDONMENT* multiple completion on Wellon Report and Log form.) | |
| Sharp Drilling Co. spudded 17 1/2" hole 12:00 MIDNIGHT 6/4/76. On 6/5/76 133/8" 48 # H-40 ST&C was | | | |
| | | | |
| set at 401' w/ 400 sx Class "C" Cont + 2% CACL. | | | |
| Circ. 65 sx. Plug down at 5:25 PM 6-5-76 W/450 PSI. | | | |
| Circ. 65 sx. Plug down at 5:25 pm 6-5-76 w/450 PSI. WOC 25 hrs. tested casing with 1000 PSI for 30 min. OK. | | | |
| Reduced hole to 12 14" a drilling. | t 401° and | resumed | |
| 18. I hereby certify that the foregoing is Aue and correct | | · . | |
| SIGNED Kay W. Cox TITLE Adr | ministrative Assistant | DATE 6/16/76 | |
| (This space for Federal or State office use) | | T) 4 mg | |
| 014-USGS-ABT | | DATE | |
| 1-DIV 2191 | on Reverse Side | | |