

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other Instructions on
reverse side)

Copy to SR
Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC-069033
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.)

RECEIVED

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐
2. NAME OF OPERATOR
HARLAN OIL COMPANY
3. ADDRESS OF OPERATOR
P. O. BOX 668, ARTESIA, NEW MEXICO 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
2310 feet from the South line and 2310 feet from the East line
of Section 4, Township 19 South, Range 31 East, NMPM.
14. PERMIT NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3584 DF

NOV 22 1978

O.C.C.
ARTESIA, OFFICE

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME
Featherstone Federal
9. WELL NO.
(One)
10. FIELD AND POOL OR WILDCAT
Shugart (Queen)
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 4, T19S, R31E, NMPM
12. COUNTY OR PARISH 13. STATE

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PILL OR ALTER CASING ☐
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) Results of Fracture

(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.)*

11-15-78 - Re-perforation and fracture treatment resulted in 40 bbls oil and 10 bbls water in 24 hours.

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

SIGNED

Flois Henderson

TITLE Agent

DATE 11-16-78

(This space for Federal or State office use)

APPROVED BY

Lee S. Lara

TITLE

ACTING DISTRICT ENGINEER

DATE NOV 21 1978

CONDITIONS OF APPROVAL, IF ANY: