

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN  
(Other instr. on reverse side)

Form approved  
Revised version No. 43-21424

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"/>	5. LEASE INFORMATION AND SERIAL NO.
2. NAME OF OPERATOR <i>Harlan Oil Company</i>	6. IF INDIAN, ALIQUOT OR TRACT NAME
3. ADDRESS OF OPERATOR <i>P. O. Box 668, Artesia, N. M. 88210</i>	7. UNIT AND NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>SE/4 NW/4 &amp; NW/4 SE/4 of Sec. 20, T-19S, R-31E, N.M.P.M. Eddy County, New Mexico 1981/2 1981/E</i>	8. FARM OR GRASS NAME <i>Sun Federal</i>
14. PERMIT NO.	9. WELL NO. <i>3</i>
15. ELEVATIONS (Show whether DW, RT, GR, etc.)	10. FIELD AND POOL, OR WINDCUT <i>N. Hackberry Pools-7 Rivers #.</i>
	11. SEC. T. R. & M. OR B.L. AND SURVEY OR AREA <i>S-20, T-19S, R-31E</i>
	12. COUNTY OR PARISH <i>Eddy</i>
	13. STATE <i>N. M.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input checked="" type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)			

(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 and 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 was acidized with 3000 gallons D.A.D. by Dowell, 5/16/72. No immediate effects were apparent other than loss of fluid level. We have finally gotten water pumped out and the oil production seems to be increasing.*

RECEIVED

SEP 26 1972

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *Alvin D. Brown* TITLE *Agent*

DATE *Sept. 22, 1972*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side