

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TR  
(Other instructi.  
verse side)CATE\*  
on re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 047800-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

Taylor

8. FARM OR LEASE NAME

Taylor Unit

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Shugart

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

Sec. 12-18S-31E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐2. NAME OF OPERATOR  
Maxwell Oil Company

3. ADDRESS OF OPERATOR

2017 Continental Natl. Bank Bldg., Fort Worth, Texas

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

1980' FSL, 660' FEL Section 12, Twp. 18 South, Range 31 East

14. PERMIT NO.

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

3769 RKB

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

(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.)\*

Perforated 4-1/2" casing 3594 to 3600' with 4 shots/foot

Swabbed dry with trace of oil

Acidized with 300 gallons 15% NE Acid

Fracked with 8,000 gals. lease crude and 15,000# sand through 2-7/8" tubing. Average injection rate 7 bbls./min. at 3000#, increased pump pressure to 4000# with average injection rate of 10 bbls./min.

RECEIVED

MAY 27 1969

D. C. C.  
ARTESIA, OFFICERECEIVED  
MAY 26 1969

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

SIGNED

Joseph D. Kennedy

TITLE

Secretary-Treasurer

DATE

5-23-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DISTRICT ENGINEER

DATE

MAY 26 1969

CONDITIONS OF APPROVAL, IF ANY: