

Form 9-251
(May 1962)UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN
(Other instructions on re-
verse side)Form approved
Budget Bureau No. 42-R1424

6. LEASE DESIGNATION AND SERIAL NO.

Las Cruces 022009 (a)

6. IF LEASE, ALLOTTEE OR TRACT 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.)OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Tidewater Oil Company ✓

3. ADDRESS OF OPERATOR

Box 249, Hobbs, New Mexico

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

SW/4, NW/4 Section 24, NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether BP, ST, OR, etc.)

7. LEASE AGREEMENT NAME

8. FARM OR LEASE NAME

"GO" Geo. Deoley "A"

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

Catty

11. SEC. T. R. M., OR BEE, AND
COUNTY OR AREA

Sec. 24 T20S, R29E

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

FRACTURE TREAT

SHOOTING OR ACIDIZING

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETS

ABANDON*

CHANGE PLANS

Test with Reda Pump

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. DISCUSS 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 masters and cones perti-
nent to this work.) *

It is proposed to install an electric submersible pump in Well No. 7
on an experimental basis to determine if more oil can be produced
and the economic life extended. Due to the large volume of fluid
anticipated and the capacity of the treating facilities, it will be
necessary to shut the other 7 wells down during the test period.

RECEIVED

NOV 12 1964

O. C. C.
ARTESIA, OFFICE

RECEIVED

NOV 10 1964

U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED

TITLE

Area Superintendent

DATE

11-6-64

(This space for Federal or State office use)

APPROVED BY

DISTRICT ENGINEER

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

NOV 10 1964

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