

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0331649A

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.)

1.

OIL WELL ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

Midwest Oil Corporation ✓

3. ADDRESS OF OPERATOR

1500 Wilco Bldg. Midland, Texas 79701

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

1980' FSL & 1980' FWL

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal "L"

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Carlsbad South

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

34-22S-26E

14. PERMIT NO.

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

Gr 3310.5

12. COUNTY OR PARISH

Eddy

13. STATE

N. Mex.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PULL OR ALTER CASING

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input checked="" type="checkbox"/>

(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.)*

Schematic of tbg, prod csg, on/off tool attached as requested by W. A. Gressett w/N. Mex. Con. Com., Artesia.

RECEIVED

OCT 15 1973

O. C. C.
ARTESIA, OFFICE

1 copy mailed to
W. A. G. directly

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

SIGNED

Bonnie Husband

TITLE Production Clerk

DATE 10-12-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

BH:ng

*See Instructions on Reverse Side