

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

N. M. O. C. C. COPY  
ST. PERMIT IN TRIBAL STATE.  
(Other instructions  
verse side)

Form approved  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

.NM 843-141-84-13  
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  
INEXCO OIL COMPANY

3. ADDRESS OF OPERATOR  
1100 Milam Bldg., Suite 1900, Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.  
See also space 17 below.)  
At surface  
1200' FNL & 1200' FWL  
Section 20-21S-26E  
Eddy County, New Mexico

14. PERMIT NO.  
15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
KB 3361', DF 3360', GL 3345'

7. UNIT AGREEMENT NAME  
NA

8. FARM OR LEASE NAME  
NONE

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Catclaw Draw (Morrow)

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Section 20-21S-26E

12. COUNTY OR PARISH 13. STATE  
Eddy New Mexico

16. 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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

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 type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input 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.) \*

It is proposed to workover this well to determine and eliminate the source of excessive water production. The Arco Federal Com. No. 1 is completed in the Morrow "C-2" sand. The initial completion attempt in the Morrow "D" tested water and was abandoned below a bridge plug. The "C-2" now produces excessive water. This workover proposes to pressure test the bridge and if necessary run tracer surveys to determine the water's source. Appropriate action will then be taken to correct the water production problem. It is anticipated that a workover unit will be available to commence operations about January 15, 1975.

RECEIVED

JAN 13 1975

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED Terry W. Ellstrom TITLE Production Engineer DATE 1-8-75  
(This space for Federal or State office use)

APPROVED BY Beekman TITLE \_\_\_\_\_ DATE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

APPROVED  
JAN 14 1975  
H. L. BEEKMAN  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side