

N. M. O. C. G. COPY  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

*Copy to SF*

Form approved,  
Budget Bureau No. 1  
5. LEASE DESIGNATION AND SERIAL  
**NM-0338758**  
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 ☒ **DRILLING** **RECEIVED**

2. NAME OF OPERATOR  
**Amoco Production Company**

3. ADDRESS OF OPERATOR  
**BOX 68, HOBBS, N. M. 88240**

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

5. PERMIT NO. **1980' FNh x 1980' FWL Sec. 26 (unit 7, SE 1/4 NW 1/4)**

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

7. UNIT AGREEMENT NAME  
**BUBBLING SPRINGS UNIT**

8. FARM OR LEASE NAME  
**REDEM**

9. WELL NO.  
**1**

10. FIELD AND POOL, OR WILDCAT  
**WILDCAT**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**26-20-26 N1. PM**

12. COUNTY OR PARISH  
**EDDY**

13. STATE  
**N.M.**

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| 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) <input type="checkbox"/>             |                                               |

|                                                             |                                          |
|-------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input checked="" 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) <b>Spudding</b> <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.)

*Cactus Drly Co. spudded 17 1/2" hole 9: PM. 11-10-73.*  
*On 11/11/73 13 3/8" OD 48" 8e H-40 STC casing was set @ 200' w/ 300 p4 cement. Used 200 SX thru shoe. 100 p4 down annulus. Cement circ. After WOB 18 hours tested casing w/ 700 psi for 30 min. Test O.K.*  
*Reduced hole to 12 1/4" @ 200' - Reduced to 11" @ 460'.*

**RECEIVED**

**NOV 16 1973**

**U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO**

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

SIGNED

*[Signature]*

TITLE **ADMINISTRATIVE ASSISTANT**

DATE **NOV 13 1973**

(This space for Federal or State office use)

APPROVED BY

*[Signature]*

TITLE **DISTRICT ENGINEER**

DATE **NOV 26 1973**

CONDITIONS OF APPROVAL, IF ANY:

64-5565-ART  
1-DIV  
1-5420  
1-7214  
2-Engineer's Office Service  
1-5420  
1-762020

\*See Instructions on Reverse Side