

NMOCC COPY

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. <b>Federal NM-13624</b>
2. NAME OF OPERATOR <b>Inexco Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME <b>NA</b>
3. ADDRESS OF OPERATOR <b>1100 Milam Bldg., Suite 1900, Houston, TX 77002</b>		7. UNIT AGREEMENT NAME <b>NA</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) <b>At surface</b> <b>350' FEL &amp; 803' FSL</b>		8. FARM OR LEASE NAME <b>Federal 1 Avalon</b>
14. PERMIT NO.		9. WELL NO. <b>1</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3212 GR</b>		10. FIELD AND POOL, OR WILDCAT <b>Burton Flat (Morrow)</b>
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA <b>Sec. 1-T21S-R26E</b>
		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>New Mexico</b>

16. 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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>
(Other) <input type="checkbox"/>	<b>Reperforating</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.)\*

It is proposed to reperforate the Morrow Sand as follows:

~10,842-76'  
~11,006-40'  
~11,046-52'  
11,120-66' CD-CNLM

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FEB 6 1978

O. C. C.  
ARTESIA, OFFICE

It is also proposed to perforate additional Morrow Sand intervals as follows:

~10,976-85'  
10,988-98' CD-CNLM

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This work is scheduled to commence 26 January 1978

JAN 30 1978  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED	TITLE <b>Production Manager</b>	DATE <b>24 January 1978</b>
(This space for Federal or State office use)		
APPROVED BY	TITLE <b>DISTRICT ENGINEER</b>	DATE <b>FEB 1 1978</b>
CONDITIONS OF APPROVAL, IF ANY:		