## UNITED STATES DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPLICATE\*

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.  OIL Use "APPLICATION FOR PERMIT" for such proposals.)  7. UNIT AGREEMENT NAME  7. UNIT AGREEMENT NAME  8. FARM OB LEASE NAME  8. FARM OB LEASE NAME  Apache Federal  9. WELL NO.  10. FIELD AND POOL, OR WILDCAT  See also space 17 below.)  At surface  990' FN & WL, Section 18, 24-N, 5-W  15. ELEVATIONS (Show whether DF, RT, GR, etc.)  12. COUNTY OR PARISH 13. STATE	May 1000)	5. LEASE DESIGNATION	5. LEASE DESIGNATION AND SERIAL NO.  Jicarilla Contract #69					
Other Control of Well Order State Office State S			OR TRIBE NAME					
MAN OF COMPLAND  COLF OIL Corporation  Apache Federal  D. WELL NO.  FOR 670, Hobbs, New Mexico 98240  L. LORATING OF WELL (Report location clearly and in accordance with any State requirements.*  A surface of I below,  At surface of I below,  Section 18, 24-N, 5-W  Section 18, 24-N, 5-W  Section 18, 24-N, 5-W  Section 18, 24-N, 5-W  L. COUNT OR MARINI 18. SULTATIONS (Show whether SF, R. O., etc.)  Chtsp: OL  Check Appropriate Box To Indicate Nature of Notice, Report, or Order Data  Notice of Interference of Interference of Interference of Notice, Report, or Order Data  Notice of Interference of Interference of Interference of Notice, Report, or Order Data  Notice of Interference of Interference of Interference of Notice, Report, or Order Data  Notice of Interference of In		7. UNIT AGREEMENT NA	MB 3					
ADDIES OF OPERATOR  AND ATTS, Hobbs, New Mexico 38210  Decreased 1 Decrease of the Section 18, 21-N, 5-W  Section 18, 21-N, 5-W  10. FIRE NO.   15. HEFVARDORS (Show whether or, At, oz, etc.)   12. COUNTY OR ARREST 18. SEATS (SACTED ASSESSED ASSES	2. NAME OF OPERATOR						I grand to the control of the contr	
LICATIONS OF WALL, (Report location clearly and in accordance with any State requirements.*  See miny special 17 below).  Section 18, 21-N, 5-W  Section 18, 21-								
Easin Egkota  II. BEC. T. B. L. W. G. BEC. AND  Section 18, 21-N, 5-W  4. FREMIT NO.  15. BLEVATIONS (Show whether N. FT. GS. etc.)  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  STERRING SHOP-OFF  FRACTURE TREAT SHOP-OFF  ALAROON*  COMPLETO OF Recompletion on West  Completion of Recompletion Report and Log form.  (Other) Closed in Report  (Other) Closed in Report  (Other) Closed in Report  (Other) Closed in Report  (Other) Closed in Recompletion on West  Completion of Recompletion Report and Log form.  (Other) Closed in Recompletion Report and Log form.  (Other) Closed in Report  (Other) Closed in Report  (Other) Closed in Recompletion on West  (Other) Closed in Report  (Other) Closed in Report  ALTERIO CASING  ALTERI	Box 670, Hobbs, New Mexico 88240							
Section 18, 21-N, 5-W  12. CORPT OR PARKEN IN TO SECURE OF INTERNAL IN THE SECTION IN	See also space 17 l	elow.)		1 _ 1. 1_ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1 _ 1				
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  NOTICE OF INTERPTOR TO:  TEST WATER SHUT-OFF  FRACTURE TREAT  MULTIPLE COMPLETE  REPAIR WELL  (Other)  Considering Processes or Completion on Well  Completion or Recompletion in Well  Completion or Recompletion in Well  Completion or Recompletion Report and log form.  Describe Processes or Completion on Well  Completion or Recompletion Report and log form.  Describe Processes on Completion on Well  Completion or Recompletion Report and log form.  Describe Processes on Completion on Well  Completion or Recompletion Report and log form.  Describe Processes on Completion on Well  Completion or Recompletion Report and log form.  Describe Processes on Completion on Well  Completion or Recompletion Report and log form.  Describe Processes on Completion on Well  Completion or Recompletion Report and log form.  Processes of Completion on Report Repo	990' FN & VL,	Section 1	8, 24-N, 5-W			SURVEY OR AREA	x _ 4	
Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data  **ROTICE OF INTERPRITOR TO:  TEST WATER SHUT-OFF  PRACTURE TREAT  **SHOOT OR ACIDIZE  REPART  **ALTERING CASING  **PRACTURE TREAT  **ALTERING CASING  **ALTERING CASIN	. PERMIT NO.		15. ELEVATIONS (Sh	ow whether DF, RT,	GR, etc.)			
NOTICE OF INTERMENT TO:  THET WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZES ARANDON* SHOOT OR ACIDIZES ARANDON MEMBER (Other)  (Other)  (Note: Report results of multiple completion on Well Completion on Recomplication on Recom	:		6459	" GL		Rio Arriba	New Mexic	
THE WATER SHUT-OFF FRACTURE TREAT ASHOOT OR ACIDIZE ASHOOT OR ACIDIZE ASHOON CHANGE FLANS  CHANGE TRATMENT  ALTERING CASING  ABARDONERT*  ABARDONERT	•	Check A	ppropriate Box To	Indicate Natur	e of Notice, Report, or	Other Data		
FRACTURE TREATMENT SHOOT OR ACIDIZE CHANGE PLANS COMPETER OF RECOMMENTS CHANGE PLANS CHANGE		NOTICE OF INTER	STION TO:	1	#U34E	QUENT REPORT OF:		
SHOOT OR ACIDIES  REPAIR WELL  CHANGE PLANS	TEST WATER SHUT	-орр	PULL OR ALTER CASIN	g	WATER SHUT-OFF	REPAIRING V	FBLL	
REPAIR WELL  (Other)  Change Flans  (Other)  Change Flans  (Other)  (Note: Report results of multiple completion on Well  (Note: Appril 2)  (Note: Report results of multiple completion on Well  (Note: Appril 2)  (Note: Report results of multiple completion for Well  (Note: Appril 2)  (Note: Appril 2	FRACTURE TREAT		MULTIPLE COMPLETE		FRACTURE TREATMENT	ALTERING CA	ABING	
(Other)  (Note: Report results of multiple completion on West Completion on Recompletion for Recompletion fo		<del></del>			Closed in		IT.	
DESCRIBE PROPOSED OR COMPLETED OFFRATIONS (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 some pertinent to this work.)  Sect well is uneconomical to produce at this time. To be carried as closed ine  APR 8 1971			CHANGE PLANS		(Other)	<del></del>	on Well	
I hereby certify that the foregoing is true and correct ORIGINAL SIGNED BY SIGNED C. D. BORLAND Area Production Manager  (This space for Federal or State office use)							is the state of the section of the s	
SIGNED C. D. BORLAND TITLE Area Production Manager DATE April 5, 1971  (This space for Federal or State office use)				<b>所</b> 是 6		The state of the s	is yra theologic kalledda o obyl obligger (Co i godined to alleddi	
(This space for Federal or State office use)	(	original sign	NED BY	Area P	roduction Manager	Arre11	5. 1971	
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