

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 43-R1494

5. LEASE DESIGNATION AND SERIAL NO.

NM-015014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

McKenzie Federal

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Otero Gallup/Basin Dakota

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

25-25N-6W

12. COUNTY OR PARISH 13. STATE

Pio Niba New Mex.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for a report on a well to be deepened, nor back to a different reservoir.
Use APPLICATION FOR PERMIT for such proposals.)

1. OIL WELL ☒ GAS WELL ☒ OTHER ☐

2. NAME OF OPERATOR

Amerada Hess Corporation

3. ADDRESS OF OPERATOR

Drawer "D" Monument, New Mexico 88265

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

990' FSL, 890" FWL, SEC² 25.

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)

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

17. NATURE OF INTENTION TO

SUBSEQUENT REPORT OF:

1. EST. WATER LOSS ☐ 2. REPAIRING WELL ☐
3. PLUGGING WELL ☐ 4. ALTERING CASING ☐
5. ABANDONMENT ☐ 6. OTHER ☐
7. COMMINGLED ☒ 8. OTHER ☐

9. WATER SHUT-OFF ☐
10. FRACTURE TREATMENT ☐
11. SHOOTING OR ACIDIZING ☐

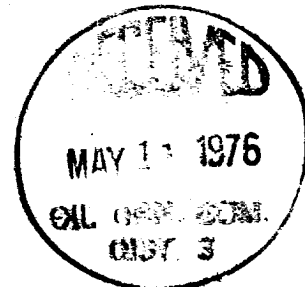
12. REPAIRING WELL ☐
13. ALTERING CASING ☐
14. ABANDONMENT ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE IN DETAIL the nature of the work, including pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If the work is directional, include zone subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.

Clean out fill. Stimulate Gallup Oil Zone with 1500 Gals. 15% NE Acid. Swab back lead and resume production. Downhole commingle Gallup and Dakota Zones. Ref. NMOCC ORDER NO² R-5138

ILLEGIBLE



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

SIGNED

H. O. Porter

TITLE

Admin. Serv. Supv.

DATE

5/5/76

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL IF ANY:

*See Instructions on Reverse Side

St.