

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 a well or to alter a reservoir.
Use "APPLICATION FOR PERMIT" (or other proposal).)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER	5. LEASE DESIGNATION AND SERIAL NO. NM - 01674
2. NAME OF OPERATOR	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface	8. FARM OR LEASE NAME
	9. WELL NO.
	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., R., M., OR BLM. AND SURVEY OR ALMA
1055 FWL & 1060 FWL, S.E. 1/4, Sec. 28, T. 1N, R. 1E, S. 10E	12. COUNTY OR PARISH 13. STATE
14. PERMIT NO.	15. ELEVATION (Surface, wellhead, or other)
	16. DATE OF NOTICE, REPORT, OR OTHER DATA

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	
(Other) ☐			

(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.) *

10-2-66 Rigged up workover. Pulled 4" string
10-3-68 Sand-water fraced interval from 70-7060 with 73,000# sand, 68,180 gal water.
10-10-68 Re-ran 2" string. Re-start in production.

RECEIVED

NOV 5 1968

U. S. GEOLOGICAL SURVEY



APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY: _____