

UNITED STATES
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRI
(Other - Instruction
verse side)

Form approved.
Budget Bureau No. 42 R1424.

U.S. GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.

NM-0450847

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to deepen or plug back to a different reservoir.
Use "APPLICATION FOR PERMIT" for such proposals.)

1. OIL WELL ☐ GAS WELL ☒ OTHER ☐		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR <i>San American Petroleum Corp.</i>		8. FARM OR LEASE NAME <i>FEDERAL "A"</i>	
3. ADDRESS OF OPERATOR <i>Box 68, Hobbs NM 88240</i>		9. WELL NO. <i>3</i>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980' FSLY 1980' FEL Sec 13 (Unit J, NW 1/4 SE 1/4)</i>		10. FIELD AND POOL, OR WILDCAT <i>BOUGH San Andres Gas</i>	
14. PERMIT NO.		15. ELEVATIONS (Show whether LF, RT, GR, etc.) <i>4120' DE</i>	
		12. COUNTY OR PARISH <i>LEA</i>	
		13. STATE <i>N.M.</i>	

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

Effective 7-1-67, well was reclassified from a shut-in to a temporarily abandoned well. Producing zone depleted, no workover possibilities.

Well to remain in T A status pending possible use as a salt water disposal well.

ACCEPTED FOR RECORD
[Signature]
District Engineer
JUL 20 1967

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side.

04 4-USGS-4
1-NSG
1-SUSP