

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(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. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR AMOCO PRODUCTION COMPANY	8. FARM OR LEASE NAME MORGAN D Federal
3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 660 FSL x 660 FEL Sec. 13 (Unit P, SE 1/4 SE 1/4)	10. FIELD AND POOL, OR WILDCAT CHAUEROO-SAN ANDRES
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 13-7-33 NMPM
15. ELEVATIONS (Show whether OF, RT, GR, etc.) 4322' GL	12. COUNTY OR PARISH ROOSEVELT
	13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input checked="" type="checkbox"/>
(Other) <input 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.)

Well P & A 3-9-76.

Set CIBP @ 4144' & Capped w/ 25 Sx Cmt. 4144-3638.

Spot 35 Sx Cmt. 3225-2725'. 35 Sx. 1980-1840'.

Cut & pulled 4 1/2" from 868'. Spot 35 Sx 1018-635'.

35 Sx 425-290'; 10 Sx @ surface w/ P & A marker.

Heavy mud between all plugs.

Final cleanup to be made in accordance w/ NM Dept of Game & Fish's requirements.

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

SIGNED Earl Roalson

TITLE ADMINISTRATIVE ASSISTANT

DATE 3-12-76

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

JAN 25 1977

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

014- USGS-H  
1-DIV  
1-SUSP  
1-R2V