

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)E*
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-0558287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MORGAN D FEDERAL

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT
CHAUVERO SAN AND11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

13-7-33 NM PM

12. COUNTY OR PARISH

ROOSEVELT

13. STATE

N.M.

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 ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

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)

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4322' G.L.

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 perti-
nent to this work.)*

Well was shut in due to its limited producing
capacity and was uneconomical to produce.
Propose to leave in shut-in status
pending further evaluation and possible
use in secondary recovery operations.

TD- 4370

4 1/2" CSA 4369 x 250 Sx
8 7/8" " 360 x 325 Sx

PERFS: 4220-4303

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

SIGNED

Ray R. Joakim

TITLE

ADMINISTRATIVE ASSISTANT

DATE

NOV

5-1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

DATE

APPROVED

4- USGS- H
1- DIV
1- SUSP
1- RRY

*See Instructions on Reverse Side

NOV 6 1974
for him
JIM SIMS
ACTING DISTRICT ENGINEER