

(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR

(Other instructions on reverse side)

Budget Bureau No. 42-K1424.

GEOLOGICAL SURVEY

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 checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. NM-0559815-C	
2. NAME OF OPERATOR Flag-Redfern Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 23, Midland, Texas 79701		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 555' FNL & 765' FEL Section 20, T-8-S, R-38-E		8. FARM OR LEASE NAME Merren-Montgomery Fed.	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3964' GL		10. FIELD AND POOL, OR WILDCAT Bluitt San Andres Associated	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 20, T-8-S, R-38-E	
		12. COUNTY OR PARISH Roosevelt	
		13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

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"/>	

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 checked="" type="checkbox"/>	ABANDONMENT* <input 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.)*

TD -4784' PBTD-4777'

Spot 200 gallons 15% N.E. Acid. Ran Gr-Correlation Log. Perforated 4½" casing with one 3/8" selectfire jet @ 4746,49,53,55,56,57,63,64,66,67. Formation took acid on vacuum.

Swab test @ rate of 1 bbl fluid per hour.

Acidized with 1000 gallons 7½% N.E. - Max Pressure - 1000 psig, Rate 1.5 BPM.

Swab test @ rate of 3 bbls fluid per hour cutting 10% oil.

Moved in and installed pumping equipment to continue testing well.

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

SIGNED B. H. Brea

TITLE Production Manager

DATE 12-22-72

(This space for Federal or State office use)

APPROVED BY _____

TITLE _____

DATE _____

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side