

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Drawer DD

Artesian, NM 88241
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-18846

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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
Darrell Jackson & Richard Donald Murphree

3. ADDRESS OF OPERATOR
c/o Oil Reports & Gas Services, Inc., Box 763, Hobbs, NM 88241

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
990' FNL & 1980' FEL of Sec. 30

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mountain Federal

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Tomahawk San Andres

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 30, T7S, R 32E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

14. PERMIT NO.

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

4421 KB

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

Squeeze & Report

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREATMENT

ALTERING CASING

SHOOTING OR ACIDIZING

ABANDONMENT*

(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.) *

It is proposed to squeeze perms 4120 to 4156 with 300 sacks,
perf 4048 to 4081 & treat with 6,000 gallons acid.

RECEIVED
OCT 16 1983
10:40 AM '83

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

SIGNED

[Signature]

TITLE

Agent

DATE

10/4/83

(This space for Federal or State office use)

APPROVED

(Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL IF ANY:

TITLE

DATE

DEC 9 1983



*See Instructions on Reverse Side

RECEIVED BY
DEC 12 1983
O. C. D.
ARTESIA OFFICE

RECEIVED
DEC 16 1983
ARTESIA OFFICE