

P. O. BOX 1980
HOBBS, NEW MEXICO 88241
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPL
(Other instructions
verse side)FE-
re-Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM-18846

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Mountain Federal

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Tomahaw*San Andres

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

Sec. 30, T7S, R32E

12. COUNTY OR PARISH 13. STATE

Roosevelt

NM

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 & 990' FEL of Sec. 30

14. PERMIT NO.

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

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

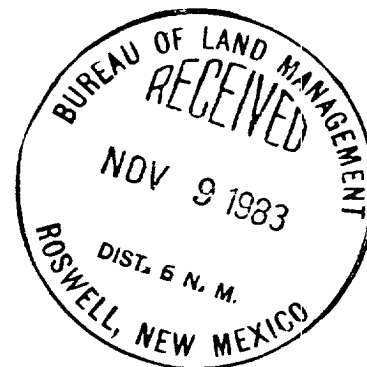
NOTICE OF INTENTION TO:

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.)*

10/19/83 Treated perfs 4127-42 with 3,000 gallons
20% acid. 10/30/83 pumped 32 bbls oil, 108 bbls
water, 27 MCF gas, 24 hours.

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

SIGNED *Anna Niles*

TITLE Agent

DATE 11/7/83

(This space for Federal or State Record)

APPROVED BY PETT W. CHESTER

CONDITIONS OF APPROVAL, IF ANY:

MAY 16 1984

TITLE

DATE

*See Instructions on Reverse Side