

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 checked="" type="checkbox"/> <i>Drilling</i>	5. LEASE DESIGNATION AND SERIAL NO. <i>025862 A</i>
2. NAME OF OPERATOR <i>Law American Petroleum Corp</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 68 Hobbs N.M. 88240</i>	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 <i>660' FSL X 660' FWL, Sec 19 (UNIT M, SW 1/4 SW 1/4)</i>	8. FARM OR LEASE NAME <i>WILLIAM E. CORN, USA</i>
14. PERMIT NO.	9. WELL NO. <i>1</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <i>WILDCAT</i>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>19-9-31 NMPM</i>
	12. COUNTY OR PARISH <i>CHAVES</i>
	13. STATE <i>N.M.</i>

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"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)

Cactus Drilling Co. spudded 17 1/2" hole at 3.30 A.M. on 9-1-65. At 3:10 PM on 9-1-65, 13 3/8" OD 35.6 59 Casing was set at 312' w/ 300 sf. cement. Cement circulated. After W. O. C. 18 hours, tested casing w/ 600 psi for 30 minutes. Test OK.

Reduced hole to 11" at 312' and resumed drilling operations.

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

SIGNED *J. W. Smith*

TITLE *Area Engineer* DATE *9-7-65*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

NMOCC - ARTESIA
NMOCC - HOBBS
BIM - SANTA FE



017
04-UGS
1-JWB
1-SUSO
1-W/S