

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.NMOCC - ARTESIA
NMOCC - HOBBS
BLM - SANTA FE

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 0177517
2. NAME OF OPERATOR SOUTHWEST PRODUCTION CORPORATION	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. BOX 936 - ROSWELL, NEW MEXICO 88201	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 988' fnl & 1656' fw1 - Sec. 13 - T8S - R30E -	8. FARM OR LEASE NAME COLL-FEDERAL
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4165' gr. 4176' KB	10. FIELD AND POOL, OR WILDCAT CATO SAN ANDRES
	11. SEC., T., R., E., M., OR BLK. AND SURVEY OR AREA Sec. 13 - T8S - R30E
	12. COUNTY OR PARISH CHAVES
	13. STATE N. MEX.

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 checked="" 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 checked="" 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.)*

7/18/67 Spud 8:20 P.M. this date.

7/23/67 Set 7" OD, 23#, J-55 Casing at 727' w/200 sacks cement w/2% ca cl. Cement Circulated. WOC 7 days. Tested w/1500# for 30 minutes - Held okay.

8/6/67 Set 4-1/2" OD, 9.5#, J-55 casing @ 3610' w/100 sacks cement. Tested w/1800# for 30 minutes. Held okay - WOC 48 hours.

8/9/67 Perforated 3555-60', 3565-68', 3570-73' and treated w/3000 gallons 28% acid.

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

SIGNED H. Lee Harvard TITLE EXPLORATION MANAGER DATE 9/22/67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____

CONDITIONS OF APPROVAL, IF ANY: _____

*See Instructions on Reverse Side

ACCEPTED FOR RECORD

J. W. Lathrop
District EngineerRECEIVED
OCT 1 1967
GEOLOGICAL SURVEY
WASHINGTON, D.C.