

N. M. O. C. C. COPY
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.)

<p>1. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER</p> <p>2. NAME OF OPERATOR Amoco Production Company</p> <p>3. ADDRESS OF OPERATOR BOX 367, ANDREWS, TEXAS 79714</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 1980' FWL Sec. 34 (UNIT F, SE 1/4 NW 1/4)</p> <p>14. PERMIT NO.</p> <p>15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4326' RDB</p>	<p>5. LEASE DESIGNATION AND SERIAL NO. NM-046153 A</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME</p> <p>8. FARM OR LEASE NAME MILLER FEDERAL</p> <p>9. WELL NO. 5</p> <p>10. FIELD AND POOL, OR WILDCAT TOM-TOM SAN ANDRES</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 34-7-31 NMPM</p> <p>12. COUNTY OR PARISH CHAVES</p> <p>13. STATE N.M.</p>
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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 checked="" 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"/>	

(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.)*

**Fraced perfs 3878-3974' w/ 35,000 gal Newco
Super Emulsifrac + 35,300# Sand preceded w/
1000 gal 15% acid.**

**Prvor - Pmp 12 BO x 30 BW PD.
After - " 25 " 171 " "**

**TD- 4050'
PB- 4010'
4 1/2" CSA 4050'
PERFS: 3878-3929, 3936-3974**

RECEIVED
OC 6-12-74
COMP 8-7-74
AUG 12 1974
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO
DATE AUG 9 1974

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

SIGNED **Ray R. Yoakum** TITLE **ADMINISTRATIVE ASSISTANT** DATE **AUG 9 1974**

(This space for Federal or State office use)

APPROVED BY **W. L. BEEKMAN** TITLE DATE

CONDITIONS OF APPROVAL, IF ANY:

044- USGS-ARTESIA
1- Dr
1- Supp
1- RRY

AUG 16 1974
W. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side

CHIEF OF POLICE
ARTESIA, N.J.

RECEIVED

AUG 19 1974

O.C.C.
ARTESIA, OFFICE