

UNITED STATES N. M. O. **COMM. I. C. P. L. I. C. A. T. E.**  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

Form approved.  
Budget Bureau No. 42-R1424.  
LEASE DESIGNATION AND SERIAL NO.

**NM-046153-A**

**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  **DRILLING**

2. NAME OF OPERATOR  
**AMOCO PRODUCTION COMPANY,**

3. ADDRESS OF OPERATOR  
**BOX 367, ANDREWS, TEXAS 79714**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**660' FSL x 660' FWL Sec. 34 (Unit M, SW/4 SW/4)**

14. PERMIT NO. \_\_\_\_\_

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**4294 GL**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME \_\_\_\_\_

7. UNIT AGREEMENT NAME \_\_\_\_\_

8. FARM OR LEASE NAME  
**MILLER FEDERAL**

9. WELL NO.  
**6**

10. FIELD AND POOL, OR WILDCAT  
**Tom-Tom - SAN ANDRES**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**34-7-31 NMPM**

12. COUNTY OR PARISH  
**CHAVES**

13. STATE  
**N.M.**

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 type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Squidding</b> <input checked="" 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.)\*

*Stitton + Norton Drilling Co. Squidded 12 1/4" hole 5:30 PM 2/22/76.  
On 2-24-76 8 5/8" OD 24# K-55 ST# C casing was set @  
1465' w/ 500sx Class C + 4% Gel and 100sx Class @ 2% CACH.  
After 9:00 18 hours tested casing w/ 1000 psi for  
30 min. Test O.K.  
Reduced hole to 7 7/8" @ 1465 and resumed drilling.*

**RECEIVED**  
MAR - 1 1976  
U.S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO  
**FEB 25 1976**

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

SIGNED *Ray Yoakum* TITLE ADMINISTRATIVE ASSISTANT DATE FEB 25 1976

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY  
**0+4 USGS-ART**  
1-RRY  
1-DIV  
1-SUSP  
1-TP 01-DeNes

**APPROVED**  
MAR - 2 1976  
*[Signature]*  
L. L. BECKMAN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side