

(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

(Other Instructions  
verse side)

Budget Bureau No. 42-R1424.  
DESIGNATION AND SERIAL NO.

M-13418

SUNDRY NOTICES AND REPORTS ON WELL

(Do not use this form for proposals to drill or to deepen or plug back to a  
Use "APPLICATION FOR PERMIT—" for such proposal)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		N. M. OIL CONS. COMMISSION P. O. BOX 1980 HOBBS, NEW MEXICO 88240		7. UNIT AGREEMENT NAME	
2. NAME OF OPERATOR Flag-Redfern Oil Company				8. FARM OR LEASE NAME Amoco Federal	
3. ADDRESS OF OPERATOR P. O. Box 2280, Midland, Texas				9. WELL NO. 5	
4. LOCATION OF WELL (Report location clearly and in accord with any State requirements.) See also space 17 below.) At surface  660' FSL and 1980' FWL of Sec. 26, T-7-S, R-31-E				10. FIELD AND POOL, OR WILDCAT Tom-Tom (San Andres)	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4371 GR		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 26, T-7-S, R-31-E	
				12. COUNTY OR PARISH Chaves	
				13. STATE New Mexico	

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETE	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<input type="checkbox"/>

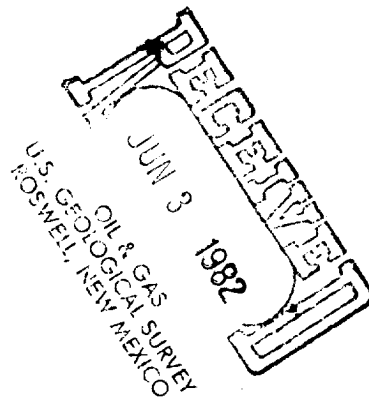
SUBSEQUENT REPORT OF:

WATER SHUT-OFF	<input type="checkbox"/>	REPAIRING WELL	<input type="checkbox"/>
FRACTURE TREATMENT	<input type="checkbox"/>	ALTERING CASING	<input type="checkbox"/>
SHOOTING OR ACIDIZING	<input type="checkbox"/>	ABANDONMENT*	<input type="checkbox"/>
(Other)	<input type="checkbox"/>		<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.)\*

Well currently closed-in due to non-successful completion attempt in the P-2 zone of the San Andres. In the event development drilling around this well proves no other zones are productive, or the well has no commercial use as a water disposal well or water injection well in a pressure maintenance project, plans will be submitted to plug and abandon the well.



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

SIGNED Kelly J. [Signature] TITLE Engineer DATE 6/1/82

(This space for Federal or State office use)  
APPROVED  
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY [Signature] TITLE 12 MONTH PERIOD DATE JUN 30 1982  
CONDITIONS OF APPROVAL, IF ANY: ENDING JUN 30 1982

FOR  
JAMES A. GILLHAM \*See Instructions on Reverse Side  
DISTRICT SUPERVISOR

RECEIVED

JUL 1 1982

G.C.D.  
HOBBS OFFICE