

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

44 M.O.C.D. COPY
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. <input type="checkbox"/> OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER		5. LEASE DESIGNATION AND SERIAL NO. USA NM 13418	
2. NAME OF OPERATOR Flag-Redfern Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P.O. Box 2280 Midland, TX 79702		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 853' FSL & 1980' FEL		8. FARM OR LEASE NAME Amoco Federal	
14. PERMIT NO.		9. WELL NO. No. 9	
15. ELEVATIONS (Show whether DE, RT, GR, etc.) 4371 GR		10. FIELD AND POOL, OR WILDCAT Tom-Tom San Andres	
		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 NM

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) <u>Test production casing</u>	<input checked="" 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.)*

Tested 4-1/2" casing to 1500 psi, 6-16-80. Perforated 3980, 81, 85, 4001, 05, 06, 4011, 12, 13, 14, 18, 19, 4040, 41, 42, 44, 45, 46, 47 with 1 JSPF. Acidized well with 6,000 gals. 20% NE - HCL acid and 36 rubber coated nylon balls. 6-17-80

RECEIVED

JUN 19 1980

U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED [Signature] TITLE Engineer DATE 6-18-80

(This space for Federal or State office use)

APPROVED BY (Chg. Eng.) GEORGE H. STEWART TITLE ACTING DISTRICT ENGINEER DATE JUN 20 1980
CONDITIONS OF APPROVAL, IF ANY:

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JUN 23 1980

O. C. D.
ARTESIA, OFFICE

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OIL CONSERVATION DIV.