N. M. O. C. C.

SUBMIT IN TRIPLICATE (Other instructions on reverse side)

Form approved. Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC-064188

6. IF INDIAN, ALLOTTEE OR TRIBE NAME:

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.)

7. UNIT AGREEMENT NAME:

OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR: AMERICAN PETROLEUM CORPORATION

8. FARM OR LEASE NAME: Iles Forest

3. ADDRESS OF OPERATOR: BOX 68, HOBBS, N. M. 88240

9. WELL NO.: 1

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface

660' FSL x 1980' FWL, Sec. 10 (Unit N, SE/4 SW/4)

10. FIELD AND POOL, OR WILDCAT: Basin, No. (Mancos) Dakota

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: 10-17-32 NMPM

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 4123' R.D.B.

12. COUNTY OR PARISH: Lea

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	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☒	CHANGE PLANS	☐	(Other)			
(Other)				(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 making 100% water. Probable casing leak. No history of water production. Propose to run caliper logs and evaluate. If casing failure, will cut and pull and re-run setting in usual procedure. Swab, acidize and evaluate. Restore to production.

TD- 11,713'
PBD- 11,036'

PERFS: 9898-9915
9975-95, 10,030-38'
10834-52, 10865-76'

RECEIVED
AUG 13 1969
U. S. GEOLOGICAL SURVEY

10 3/4" CSA 412. Cmt Circ.
7" CSA 4760' (TOC MT-500')
4 1/2" CSA 11072' (TOC MT-8800')

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

SIGNED _____ TITLE AREA SUPERINTENDENT DATE AUG 12 1969

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
AUG 19 1969
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side