

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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> DRILLING	5. LEASE DESIGNATION AND SERIAL NO. LC-071856-A
2. NAME OF OPERATOR American Petroleum Corp.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 68, Hobbs, N.M. 88240	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 660' FSL X 2012' FWL, Sec 6, (Unit N, SE 1/4 SW 1/4)	8. FARM OR LEASE NAME GREENWOOD PRE-GRAYSURG OPER. AREA
14. PERMIT NO.	9. WELL NO. 3
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3667' RDB	10. FIELD AND POOL, OR WILDCAT LUSK STRAWN
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 6-19-32 N.M.P.M.
	12. COUNTY OR PARISH LEA
	13. STATE N.M.

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"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input checked="" 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"/>	

18. 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.)\*

On 1-5-65, 8 5/8" OD 24-32" 14-40 + J-55 Casing was set at 3141' w/ 1000 sx. 12% gel + 150 sx. Incon meat. Cement circulated. After W.O.C. 18 hours, tested casing with 1000 psi for 30 minutes. Test O.K.

Reduced hole to 7 7/8" at 3141' and resumed drilling operations.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JAN 12 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER

DIST 0110

5-USGS 1-JWB  
1-Conoco 1-SVSP  
1-shell 1-WS  
1-Carper