

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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 Am American Petroleum Corp		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 68 Hobbs NM 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface 660' FSL X 2012' FWL, Sec 6, (Unit N, SE 1/4 SW 1/4)		8. FARM OR LEASE NAME GREENWOOD PREGRAYSBURG
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., B., M., OR BLK. AND SURVEY OR AREA 6-19-32 N. M. P. M.
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.)* Big West Drilling Co. spudded 17 1/2" hole at 10: P.M. on 12-28-64. On 12-31-64, 13 3/8" OD Casing (48" H-40) was set at 939' with 700 sx. Cement circulated. After W. O. C. 18 hours, tested casing with 750 psi for 30 minutes. Test O.K. Reduced hole to 11" at 939' and resumed drilling operations		12. COUNTY OR PARISH LEA
		13. STATE N. M.

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☒
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) **Spudding**

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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

DIST 0+10
5- USGS
1- Conoco
1- Shell
1- Carpenter

1- JWB
1- Susp
1- WS

*See Instructions on Reverse Side

J. L. CORDON
MINING DISTRICT ENGINEER