

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

REQUIRE IN TRIPLET
(OTHER INSTRUCTIONS ON
REVERSE SIDE)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Santa Fe NM 0997

6. IF INDENT, ALLOTTEE OR TRUST NAME

SUNDAY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or to recomplete wells, or to service.
See APPLICATION FOR PERMIT TO DRILL (Form 9-232)

7. TRUST OR ESTATE NAME

Aztec Uncle

8. FARM OR TRACT NAME

Aztec

9. WELL NO.

1-C

10. NAME OF WELL, OR WILDCAT

Wildcat

11. SEC., T., R., NE, OR SW, AND
SECTION OR AREA

Sec. 28, T-18-S,

R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

N.M.

1.

OIL ☒ GAS ☐
WELL ☒ WELL ☐ OTHER ☐

2. NAME OF OPERATOR

L. R. French, Jr.

3. ADDRESS OF OPERATOR

1204 ABC Building, Odessa, Texas

4. LOCATION OF WELL (Report location clearly and in accordance with any State law or regulation.
See also space 17 below.)

At surface

1650' FWL, 660' FNL, Section 28, T-18-S, R-33-E

Lea County, New Mexico.

14. PERMIT NO.

15. ELEVATIONS (SHOW NUMBER OF FEET, IN, OR DEC.)

3813 DF

16.

Check Appropriate Box To Indicate Nature of Notice, Repair, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

SHOOT OR ACIDIZE ☒

ABANDON* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) ☐

RECOMPLETION REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☒

ABANDONMENT* ☐

(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 perti-
nent to this work.)*

Ran tubing to 12,360'. Acidized Strawn formation with 2,000 gallons of
mud acid. Well kicked off and flowed back load of 260 bbls of water
plus 48 bbls of acid. Well cleaned up and made 360 bbls of oil, no
water through 20/64" choke in 24 hours. FTP 1500 psi, FCP 2000#.

Well complete - Last Report.

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

SIGNED

David A. Donaldson

TITLE

Production Supt.

DATE

Nov. 29, 1965

(This space for Federal or State office use)

APPROVED BY

TITLE

APPROVED

CONDITIONS OF APPROVAL, IF ANY:

DEC 1 1965

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER