

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY TO U. S. G.
SUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 2843-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Federal Com. 7

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

West Tonto Penn

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 7, T-19S, R-33 E

12. COUNTY OR PARISH 13. STATE

Lea N. Mexico

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 ☐ GAS ☒ OTHER ☐
WELL WELL

2. NAME OF OPERATOR
Inexco Oil Company

3. ADDRESS OF OPERATOR
1100 Milam Bldg., Suite 1900, Houston, Texas 77002

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface
1980' FNL & 660' WL
Unit Letter E

14. PERMIT NO. 15. ELEVATIONS (Show whether DE, RT, GR, etc.)
3659.4 GR

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

FILL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Add perforations

(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.)*

8/10/79 perforated with Welex 13236-40'; 13311-16'; 13330-38' w/2
shots per foot.

RECEIVED

AUG 23 1979

U. S. GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

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

SIGNED

A. K. Hudson

TITLE Chief Clerk

DATE 8/21/79

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

- 3 - USGS-Hobbs
- 1 - State of N.M.-Hobbs (info only)
- 1 - T. Sheets
- 1 - G. DeBord
- 1 - File

*See Instructions on Reverse Side

