

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other instructions on reverse side)

COPY TO O. C. C.

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 ☐ GAS WELL ☐ OTHER

2. NAME OF OPERATOR  
Ancoo Production Company

3. ADDRESS OF OPERATOR  
BOX 23, MOORE, N. M. 88240

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

14. PERMIT NO. 660 FSL x 1980 FEL Sec 24 (Unit 0 SW 1/4 Sec 24)

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
3542 DF

5. LEASE DESIGNATION AND SERIAL NO.  
LC-031736 A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
GILWILLY A Federal Blk 17

9. WELL NO.  
7

10. FIELD AND POOL, OR WILDCAT  
EUNICE GSN

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
24-20-36 NM PM

12. COUNTY OR PARISH  
LEA

13. STATE  
NM

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

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 checked="" type="checkbox"/> | CHANGE PLANS         | <input type="checkbox"/> |
| (Other)             |                                     |                      |                          |

SUBSEQUENT REPORT OF:

|                       |                          |                 |                          |
|-----------------------|--------------------------|-----------------|--------------------------|
| WATER SHUT-OFF        | <input 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)               |                          |                 |                          |

(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.)

*Propose remedial work to restore well to a productive status.*

*Run logs. Separate selective intervals in upper Grayburg zone. Stimulate and evaluate as necessary in attempting commercial production.*

*Well now shut-in.*

*TD- 3858'*

*7" CSA 3750 w/ 300 SX*

*OPEN HOLE 3750 - 3828'*

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

SIGNED \_\_\_\_\_

TITLE AREA SUPERINTENDENT

DATE APR 2 1971

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

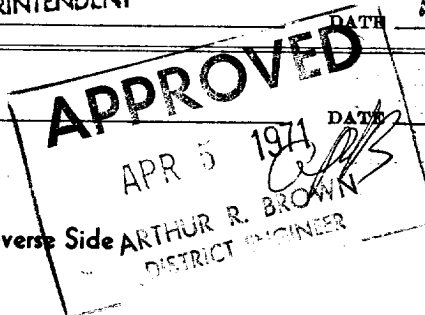
044-USGS-11

1-ACJY

1-SUSP

1-RRY

\*See Instructions on Reverse Side



RECEIVED

APR 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.