

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

Form No. 10-8-81424
REPRODUCTION AND SERIAL NO.

LC 045708B

NOTICE OF INTENTION TO DRILL OR RECOMPLETION REPORT

(Do not use for proposals to drill or recomplete wells. Use only for application for permit to drill or recomplete.)

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR
Imperial American Management Company

3. ADDRESS OF OPERATOR
215 Mid America Bldg., Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with instructions. See also space 17 below.)
At surface
1980' FSL & 660' FWL

14. PERMIT NO.

15. ELEVATIONS (Show whether of F.S., M., or B.L.M.)
3453 GR

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Owens Federal

9. WELL NO.
2

10. FIELD AND POOL, OR WILDCAT
Wantz Abo DRINKARD

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 19-21S-38E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☒	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) ☐	

(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 operations and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface bearing and measured and true vertical depths for all markers and zones pertinent to this work.) *

- Set cast iron bridge plug at 6870'. Loaded hole. Tested cast iron bridge plug to 2500 psi.
- Perforated casing at following depths: 6799, 98, 97, 95, 94, 6792, 84, 83, 82, 80, 79, 78, 6730, 28, 27, 6692, 90, 89, 88, 64, 62, 6661, 59, 57, 55, 54, 52, 42, 40, 36, 35, 6634
- Ran tubing and packer. Spotted 300 gallons 15% acid across perforations.
- Set packer, acidized perforations with 6000 gallons.
- Swabbed well to test.

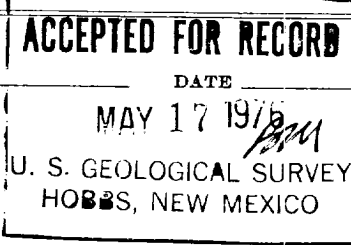
18. I hereby certify that the foregoing is true and correct

SIGNED L. B. Juenther TITLE Agent DATE May 12, 1976

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side