

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions
reverse 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.)

5. LEASE DESIGNATION AND SERIAL NO.

IC-036441 - M

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Atha

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Jalmat 7Rivers yates tansil

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

Sec. 31, T21S, R36E

12. COUNTY OR PARISH

13. STATE

Lea

N. M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Millard Deck

3. ADDRESS OF OPERATOR

P. O. Box 409, Eunice, New Mexico 88231

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

660' FEL & 660' FSL Sec. 31, T21S, R36E

14. PERMIT NO.

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

Not available

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) Plug back, perforate, treat

PULL 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* ☐

(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.)*

1. Set cast iron bridge plug at 3715'.
2. Perforate with 20 hole between 3511' & 3679'.
3. Acidize through tubing with 2,000 gallons 15% reg. acid.
4. Fracture treat using 20,000 gallons gelled water with 1# SPG.
5. To commence work 5/4/68.

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

SIGNED Millard Deck

TITLE Owner-Operator

DATE 5/3/68

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

*See Instructions on Reverse Side