

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-verse 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.)

1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. <b>LC-030180(a)</b>	
2. NAME OF OPERATOR <b>Tan American Petroleum Corp.</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR <b>Box 68, Hobbs, NM 88240</b>		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>1980' FNL X 660' FWL, Sec. 18 (Unit F, SW 1/4 NW 1/4)</b>		8. FARM OR LEASE NAME <b>C.M. FARNSWORTH "A"</b>	
14. PERMIT NO.		9. WELL NO. <b>4</b>	
15. ELEVATIONS (Show whether DF, AT, GR, etc.) <b>2949' R. D. B.</b>		10. FIELD AND POOL, OR WILDCAT <b>SCARBOROUGH YATES SEVEN RIVERS</b>	
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA <b>18-26-37 NMPM</b>	
		12. COUNTY OR PARISH <b>LEA</b>	
		13. STATE <b>NM</b>	

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

NOT CE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input checked="" type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	

(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.)

In accordance w/ Form 9-331 dated 10/22/65 the following work was performed in converting from a Gas well to an Oil well:

Squeezed perforations 2755'-2865' w/ 150 SX.  
Perforated 2987-93' w/ 25SPF and acidized w/ 200 gal.  
No show of oil during last 24 hrs of testing. Reacidized w/ 200 gal. Installed pumping equipment.

On PT 12-1-65 pumped 7 BO x 252 BW 24 hours.

TD-3054' OC-10-24-65  
PBD-2995' Comp-12-1-65

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

SIGNED

Original Signed by  
**V. E. STALEY**

TITLE **Area Supt**

DATE **12-3-65**

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

DEC 6 1965

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER

044- USGS  
1- JWB  
1- SUSD  
1- RBY