

HOBBBS OFFICE C. C.  
UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY  
SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.  
**LC-030180(a)**

**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"/>   | 7. UNIT AGREEMENT NAME   |
| 2. NAME OF OPERATOR<br><b>San American Petroleum Corp</b>  | 8. FARM OR LEASE NAME<br><b>C.M. FARNSWORTH "A"</b>                      |
| 3. ADDRESS OF OPERATOR<br><b>Box 68, Hobbs, N.M. 88240</b>   | 9. WELL NO.<br><b>11</b>   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br><b>330' FNL X 1659.9' FWL. Sec. 18 (UNH C, NE 1/4 NW 1/4)</b> | 10. FIELD AND POOL, OR WILDCAT<br><b>JALMAT - OIL</b>                    |
| 14. PERMIT NO.   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br><b>18-26-37 NMPM</b> |
| 15. ELEVATIONS (Show whether DF, RT, CR, etc.)<br><b>2967' R D B</b>   | 12. COUNTY OR PARISH<br><b>LEA</b>                                       |
|  | 13. STATE<br><b>NM</b>   |

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)

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.)

In accordance w/ Form 9-331 submitted 10-22-65. Remedial work was performed as follows:

Perforated interval 3024-32 w/ 2 SSPF. Acidized w/ 500 gallons. Restored to production.

Prior - Pumped 30 BO x 6 BW - 24 hr.  
After - Pumped 30 BO x 8 BW - 24 hr.

OC - 10/29/65  
Comp - 11/13-65

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

SIGNED

TITLE

**Area Supt**

DATE

**11-22-65**

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

NOV 24 1965

\*See Instructions on Reverse Side

J. L. GORDON

ACTING DISTRICT ENGINEER

0+4-USG  
1-SUSP  
1-JWB  
1-RRY