

Form 9-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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

Form approved.
Budget Bureau No. 42-R1424.

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

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

C.M. FARNSWORTH "A"

9. WELL NO.

11

10. FIELD AND POOL, OR WILDCAT

JALMAT - OIL

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

18-26-37 N.M.P.M.

1. OIL WELL ☒ GAS WELL ☐ OTHER ☐

2. NAME OF OPERATOR

Am American Petroleum Corp

3. ADDRESS OF OPERATOR

Box 68, Hobbs, N.M. 88240

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

330 FNL X 1659.9' FWL, Sec. 18 (Unit C, NE 1/4 NW 1/4)

14. PERMIT NO.

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

2967' R.D.B.

12. COUNTY OR PARISH 13. STATE

LEA

N.M.

16

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

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PULL OR ALTER CASING

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☐

FRACTURE TREAT

MULTIPLE COMPLETE

SHOOT OR ACIDIZE

ABANDON*

REPAIR WELL

CHANGE PLANS

(Other)

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 an effort to increase productivity, the following remedial work is proposed:

Perforate additional interval 3024-32' w/
2JSPF, stimulate as necessary and
evaluate. Restore to production.

TD- 3318, PBD-3100', 5 1/2" CSA 3318'. PERFS: 3041-45'.
{BAKER CI RGT}
{C 3100'}

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

Original Signature

SIGNED V. E. STALEY

TITLE Area Supt

DATE 10-22-65

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See Instructions on Reverse Side



⑦

044- 0645
1-JWB
1-Susp
1-RRY