

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM- 7488

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MINERS B FEDERAL

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

JALMAT-GAS

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

7-24-37 NM PM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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 ☐ GAS WELL ☒ OTHER

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR
BOX 367, ANDREWS, TEXAS 797144. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 FNL x 1980 FEL Sec. 7 (Unit G, SW 1/4 NE 1/4)

14. PERMIT NO.

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

3321' D. F.

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.)*

Acidized down casing annulus w/ 1500 gal
15% NE flushed w/ 15 Bbls water.
Swabbed back load and restored to
production.

Prior - Well Dead.

After - Flw at rate of 434 MCFD. TDF - 60 psi.

OC - 12-15-75
COMP - 12-19-75

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

SIGNED

Loy R. York

ADMINISTRATIVE ASSISTANT

DATE

DEC 19 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

DEC 19 1975

GEOLOGICAL SURVEY
HOBBS, NEW MEXICO

*See Instructions on Reverse Side

04-UGS-14
1-DIV
1-SUSP
1-PRY