

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT 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

MYERS 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 NMPM

12. COUNTY OR PARISH

LEA

13. STATE

NM

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 ☐ GAS ☒  
WELL WELL OTHER

2. NAME OF OPERATOR

AMOCO PRODUCTION COMPANY

3. ADDRESS OF OPERATOR

BOX 367, ANDREWS, TEXAS 79714

4. 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 DF.

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 perti-  
nent to this work.)\*

Well is dead.

In an effort to restore to production, propose  
to acidize open hole section 3485-3595' w/  
1500 gal. 15% HCL. Evaluate & return to  
production.

TD-3595'

13 3/8" CSA 301' x 300 S.

9 5/8" CSA 1260' x 500 S.

7" CSA 3485' x 250 S.

OH 3485'-3595'

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

SIGNED

*Ray R. Lyall*

TITLE ADMINISTRATIVE ASSISTANT

DATE

OCT 28 1975

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

OK-A- USGS-H  
1-DIV  
1-SUSP  
1-RRY

\*See Instructions on Reverse Side

