

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN T
(Other instruct.
verse side)

COPY TO O.C.C.
Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-032450-B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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

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

660' FNL X 660' FNL SEC. 15 (UNIT D, NW1/4 NW4)

14. PERMIT NO.

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

3273' RDB

7. UNIT AGREEMENT NAME

South Mattix Unit

8. FARM OR LEASE NAME

9. WELL NO.

7

10. FIELD AND POOL, OR WILDCAT

FOWLER ELLENBURGER

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

15-24-37 NMDM

12. COUNTY OR PARISH

LEA

13. STATE

N.M.

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.)*

In an effort to increase pro-
ductivity, it is proposed to
acidize with 2500 gallons
15% regular acid.

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

SIGNED

A. R. Brown

TITLE

Area Clerk

DATE

12-21-64

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

*See Instructions on Reverse Side

APPROVED

DEC 23 1964

A. R. BROWN

DISTRICT ENGINEER

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