

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

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"/>		5. LEASE DESIGNATION AND SERIAL NO. NM 0321613	
2. NAME OF OPERATOR Am American Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Box 68 Hobbs, NM 88240		7. UNIT AGREEMENT NAME SOUTH MATLIX UNIT	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL X 660' FEL, Sec. 15 (Unit P, SE1/4 SE1/4)		8. FARM OR LEASE NAME	
14. PERMIT NO.		9. WELL NO. 8	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3247' RDB		10. FIELD AND POOL, OR WILDCAT FOWLER BUTTE	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA 15-24-37 NMPM	
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.)*		12. COUNTY OR PARISH LEA	
		13. STATE N.M.	

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

"Squeeze present perforations 9706'-35' + 9850'-74' w/ 150 sd. Inferno Cement containing .8% Salad 9. Drill and washout to 9950' (approx). Perforate interval 9921'-31' w/ 21SPF. Acidize w/ 1000 gal. Evaluate and restore to production

TD-10295; PBD-9960' (BPCapped w/ 10' cement.)
5" CSA 10.270'. Perfs: 9706'-35' + 9850'-74'

On 12-4-64 Pump 68BD x OBW - 24 hr.

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

SIGNED

TITLE

Area Supt

DATE

2-24-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side

DIST (0+13)

0+4-USGS 2-STD OF TEX
1-JWB 1-SUSP
1-STATE LAND 1-WS
1-CONOCO
1-TENNECO
1-ATLANTIC

