

UNITED STATES HOBBS OFFICE OF THE COMPTROLLER
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC-032450(8)
2. NAME OF OPERATOR Law American Petroleum Corp.		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 68, Hobbs, New Mexico		7. UNIT AGREEMENT NAME SOUTH MATTIX UNIT
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FNL x 660' FWL, Sec. 15 (Unit E, SW 1/4 NW 1/4)		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO. 20
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3270' R.D.B.		10. FIELD AND POOL, OR WILDCAT FOWLER BLINEBRY
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 15-24-37-NM PM
		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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF :

WATER SHUT-OFF <input checked="" type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input checked="" type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

T.D. 5750'. On 3-30-66, 4 1/2" OD 9.5" J-55 casing was set at 5750' and cemented w/ 360 st. 8% brl + 250 st. neat. Tested casing w/ 1750 psi for 30 minutes. Test O.K. Perforated intervals 5330-32, 36-40, 63-64, 97-98, 5523-24, 30-39, 41-45, 54-56, 78-80, 82-88, 5602-03, 23-24, 34-39, 48-50, 64-67, 86-88 w/2JSPF. Washed pipe w/ 500 gal acid and acidized w/ 1500 gal. Fraced w/ 30,000 gal Brine, 45,000# sand, 3000# glass beads. Evaluated.

On PT flowed 193 BO x 83 BLW in 24 hours thru 17/64" CH. TPF 560 CPF 1400. Cgr. 38° GOR 955.

PBD-5716:

CONIP-4-9-66.

TPAY-5430-BLINEBRY

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

APR 13 1966

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER

044-11565-16
1-JWB
1-SUSD
1-RRV
1-ATLANTIC
1-CONOCO
1-SFD OF TEX
1-TENNECO
1-STATELAND