

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE
(Other instruct.
reverse side)

Copy to SF
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 checked="" type="checkbox"/> Proposed Saltwater Disposal Well		5. LEASE DESIGNATION AND SERIAL NO. NM-0107697
2. NAME OF OPERATOR J. J. McCoy Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 1860 Lincoln St., Suite 1200, Denver, CO 80203		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FSL and 1650' FWL, Unit K		8. FARM OR LEASE NAME Jones Federal
14. PERMIT NO.		9. WELL NO. #1
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3547' GL		10. FIELD AND POOL, OR WILDCAT Lusk Strawn
O. C. C. ARTESIA, OFFICE		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 23, T19S, R31E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

MAR 29 1977

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Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) Convert to SWD Well <input checked="" 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.) *

We plan to convert this well to a saltwater disposal well as follows:

1. Move in, rig up and install BOP
2. Pick up Unipacker VI and 2" tubing. GIH to +11,000'.
3. Load annulus W/treated water. Set packer in tension.
4. Rig well for injection.
5. Place well on injection and clean up location of all debris.

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U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED D. A. Meyer

TITLE Div. Production Manager

DATE 3.9.77

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

MAR 20 1977

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side