

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

FIELD INSTRUCTIONS FOR THE
APPLICANT

3. LAND DESIGNATION AND SERIAL NO.

NM-081208

4. INDIAN, TRIBAL, OR TRUST 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 Dual Injection Well

2. NAME OF OPERATOR

7. UNIT AGREEMENT NAME

South Hoshpah Unit

8. NAME OF LEASE NAME

3. ADDRESS OF OPERATOR

9. WELL NO.

59

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)

10. FIELD AND FOOT, OR WILDCAT

South Hoshpah Dual

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

Sec. 12, T17N, R9W

14. PERMIT NO.

15. ELEVATIONS (Show whether DT, RL, CR, etc.)

6994' GR

12. COUNTY OR PARISH

McKinley

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF

PULL OR ALTER CASING

WATER SHUT-OFF

REPAIRING WELL

FRACTURE TREAT

MULTIPLE COMPLETION

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other)

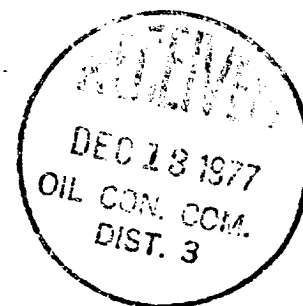
(NOTE: Report results of multiple completion on Well
Completion or Re-completion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting a
proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones per
nent to this work.) *

We have perforated the Upper Hoshpah and established injection as follows:

10/17 - 10/20/77

1. SI water injection and blew down well.
2. Released packer and POH.
3. Perforated from 1667' - 1697' with 4 JSPF.
4. Acidized perforations with 500 gallons of 15% MCA.
5. Set model D packer at 1620'. Set Model B packer at 1520'.
6. Put well on injection.



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

SIGNED

TITLE Div. Production Manager

DATE 12-5-77

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE RECEIVED

CONDITIONS OF APPROVAL, IF ANY:

DEC 9 1977

*See Instructions on Reverse Side

U.S. Geological Survey
Farmington, N.M.