

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 1004-0135  
Expires August 31, 1985

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 Salt Water Disposal Well

2. NAME OF OPERATOR  
CRW-SWD, Inc. ✓

3. ADDRESS OF OPERATOR  
P.O. Drawer 994, Midland, TX 79702

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
2080' FSL & 660' FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
2980.6 GL

5. LEASE DESIGNATION AND SERIAL NO.  
NM-58368 6097B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Federal AZ

9. WELL NO.  
1

10. FIELD AND POOL, OR WILDCAT  
Undesignated

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 29, T-26-S, R-30-E

12. COUNTY OR PARISH  
Eddy

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 checked="" type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other)			

SUBSEQUENT REPORT OF:

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

(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.)

Pursuant to failure of integrity (annular leakage test) test.

- 1) Bleed down well back through system, reinjecting back flowed water into other CRW-SWD, Inc. salt water disposal wells.
- 2) Go inside 4 1/2" tubing w/blanking plug and seal off well in profile nipple.
- 3) COH w/4 1/2" tubing if blanking plug holds.
- 4) Find nature of hole in 9 5/8" casing with intent of changing out 400' of free pipe presently in well.
- 5) Set retrievable bridge plug @ 600', put 300# 20/40 frac sand and plug.
- 6) Cut 9 5/8" casing @ 400' to remove and lay down pipe, rerun 9 5/8" casing into well w/6 centralizers. Circulate cement around pipe.
- 7) Drill out cement in pipe, test pipe to 500# or pressure required by NMOCD.
- 8) Wash out sand and cement debris, pull RBP.
- 9) Change out wellhead to 9 5/8" x 5 1/2" wellhead.
- 10) Run 5 1/2" lined casing for replacement tubing.
- 11) Latch into on-off tool receptacle in well.
- 12) Nipple up wellhead and test annulus, if holding, then nipple up flowline to wellhead assembly.
- 13) Retrieve blanking plug in profile nipple.
- 14) Return well to injection.

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

SIGNED Kala K. Schmidt TITLE Agent

DATE 12-10-89

(This space for Federal or State office use)

APPROVED BY Orig. Signed by [Signature] TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

DATE 12 21 89