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Form 9-331 (May 1963)		UNITED STATE MENT OF THE GEOLOGICAL SUF	INTERIOR	SUBMIT IN TRIPLICA' (Other instructions on verse side)	ATE• n re- 5. LEASE DESIGNATION AND SERIAL LC-069280-A	
(Do not use th	NDRY NOT is form for propo Use "APPLIC.	ICES AND REPO	ORTS ON n or plug back t for such propose		6. IF INDIAN, ALLOTTEE OR TRIBE I	NAME
1. OIL GAS WELL GAS WELL GAS WELL CASS MCClellan Oi 3. ADDRESS OF OPERATOR Post Office 4. LOCATION OF WELL See also space 17 b At surface 14. PERMIT NO.	1 Corporat or Drawer 730 (Report location of low.)	Water Injection ion / , Roswell, New learly and in accordance & 2615' FSL	Mexico &		7. UNIT ACREEMENT NAME Sulimar Queen Unit 8. FARM OR LEASE NAME Sulimar Queen Unit To 9. WELL NO. Tract-T-]] 10. FIELD AND POOL, OR WILDCAT SULIMAR QUEEN UNIT 11. SEC., T., R., M., OR BLE. AND SUEVEY OF ABEA UL-K Sec. 24-T155-R29E 12. COUNTY OF FARISH 13. STATE	
		3958.8 G.L.			Chaves NM	
16.			dicate Nature	of Notice, Report, o		
TEST WATER SHUT- FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL (Other)		PULL OR ALTER CASING SULTIPLE COMPLETE ABANDON* CHANGE PLANS		WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING (Other) <u>CONVERSIC</u> (NOTE: Report resu Completion or Reco	ESEQUENT REPORT OF: REPAIRING WELL ALTERING CASING ABANDONMENT [•] ion to wtr injection X sults of multiple completion on Well completion Report and Log form.)	
17. DESCRIBE PROPOSED (proposed work, 1 nent to this work.)		RATIONS (Clearly state al nally drilled, give subsu	ll pertinent deta rface locations a	ils, and give pertinent dat nd measured and true ver	ates, including estimated date of starting ertical depths for all markers and zones p	; any perti-

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This well has been converted to an injection well. Plastic lined tubing has been run and the Baker Model R packer set at 1943'. The annulus has been filled with inert fluid and the casing tubing annulus has been left open to determine any leakage in the casing, tubing or packer. Regular checks are being made to ascertain any leakage.

FOR YOUR INFORMATION

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18. I hereby certify that the foregoing is true and correct		
SIGNED J.M. Coller	TITLE Operator	DATE 10/10/80
(This space for Federal or State office use)		
APPROVED 12 CONDITIONS OF APPROVAL, IF ANY:	TITLE	DATE

*See Instructions on Reverse Side