

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

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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.)

*Copy to  
J. J.*

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection Well</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>404 05323</b>
2. NAME OF OPERATOR <b>International Oil &amp; Gas Corporation</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P. O. Box 427, Artesia, New Mexico</b>		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 <b>990' FNL &amp; 2310' FNL Section 15, T. 16 S., R. 29 E.</b>		8. FARM OR LEASE NAME <b>McCallister Federal</b>
14. PERMIT NO.		9. WELL NO. <b>4</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3702' GL</b>		10. FIELD AND POOL, OR WILDCAT <b>High Llaneros</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>(Red Sd. (Gua.))</i> <b>Sec. 15, T. 16 S., R. 29 E., 100N</b>
		12. COUNTY OR PARISH <b>Sandoz</b>
		13. STATE <b>New Mexico</b>

16. 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) <b>Converting to Water Injection Well</b>	
(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.)\*

**Converted to injection March 26, 1965. On March 37, 1965, water injection was started. Injection is through tubing below a packer (Halliburton 2-1) set in casing immediately above the injection zone.**

**RECEIVED**

**APR 5 1965**

**O. C. C.  
ARTESIA, OFFICE**

*RECEIVED  
APR 2 1965  
U.S. GEOLOGICAL SURVEY  
ARTESIA, N.M.*

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

SIGNED *Harrell E. Brown* TITLE **District Engineer** DATE **3-30-65**

(This space for Federal or State office use)

APPROVED **APPROVED** CONDITIONS OF APPROVAL, IF ANY: TITLE \_\_\_\_\_ DATE \_\_\_\_\_

**APR 2 1965**  
*Rudolph C. Baier, Jr.*  
**RUDOLPH C. BAIER, JR.**  
ACTING DISTRICT ENGINEER

\*See Instructions on Reverse Side