

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

AN OIL CONS. COMMISSION
DRAFTING IN TRIPLEX
(Other Instructions)
OF CARLSBAD, N.M.

Form approved.
Budget Bureau No. 42 R1424.
5. LEASE DESIGNATION AND SERIAL NO.
NM-05523 C/SF
6. IF INDIAN, ALLOTTEE OR TRIBE 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 ☒ Water injection RECEIVED BY
2. NAME OF OPERATOR Aceco Petroleum Company MAY 12 1986
3. ADDRESS OF OPERATOR 2106 W. Richey, Artesia, New Mexico 88210 O. C. D.
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) ARTESIA, OFFICE
At surface
2310' FS1 & 2310' FEL of Section 15, T16S, R29E
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3690'

7. UNIT AGREEMENT NAME High Lonesome Penrose Unit
8. FARM OR LEASE NAME High Lonesome Penrose Unit
9. WELL NO. #5
10. FIELD AND POOL, OR WILDCAT High Lonesome Queen
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 15, T16S, R29E
12. COUNTY OR PARISH Eddy 13. STATE NM

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
(Other) ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐ REPAIRING WELL ☒
FRACTURE TREATMENT ☐ ALTERING CASING ☐
SHOOTING OR ACIDIZING ☐ ABANDONMENT* ☐
(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.)*

On November 18, 1985 - Rigged up pulling unit to pull casing.
Second joint from top, hole was found in casing. Welder
patched hole. Ran casing back in hole, ran packer & tubing.
Pressure test - held O.K.

ACCEPTED FOR RECORD

[Signature]
MAY 6 1986

CARLSBAD, NEW MEXICO

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

SIGNED *[Signature]* TITLE Owner DATE 5-1-86

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side