

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NO. 111-113, COMMISSION
Draper Submit in Trip
Other Instruction
Carlsbad, NM 88210

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

Nm-05523

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

C/SF

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
2. NAME OF OPERATOR Aceco Petroleum Company
3. ADDRESS OF OPERATOR 2106 Richey, Artesia, N.M. 88210
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface 990' FNL + 660' FEL - Sec. 15-T15-R29E N.M.P.M.

11. PERMIT NO. 15. ELEVATION (Show whether DE, BT, OR, etc.)
3708' DF

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

17. PURPOSE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ FULL OR ALTER CASING ☐
FRACTURE TREATMENT ☐ MULTIPLE COMPLETION ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐
Other: ☐

RECEIVED BY
NOV 10 1986
O. C. D.
ARTESIA, OFFICE

SUBSEQUENT REPORT OF:
WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐
(Other) ☐

REPAIRING WELL ☒
ALTERING CASING ☐
ABANDONMENT* ☐

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

18. STATE THE DATE, LOCATION, AND EXTENT OF WORK. (Clearly state all pertinent details, and give pertinent data, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depth for all intervals and zones pertinent to the work.)

On September 30, 1986 - Rigged up pulling unit To pull Tubing.
Replaced THREE joints of Tubing - RAN PACKER.

Pressure Test - HELD O.K.

ACCEPTED FOR RECORD

See Q
NOV 6 1986

CARLSBAD, NEW MEXICO

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

SIGNED Blair H. Lamb TITLE OWNER DATE 10-25-86

(Space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CERTIFICATION APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side