Form 9-331 (May 1963)

TEST WATER SHUT-OFF

FRACTURE TREAT

UNITED STATES DEPARTMENT OF THE INTERIOR

PULL OR ALTER CASING

MULTIPLE COMPLETE

STATÉS SUBMIT IN TRIPLICATE*
THE INTERIOR (Other Instructions on re-

Form approved.
Budget Bureau No. 42-R1424.

REPAIRING WELL

ALTERING CASING

GEOLOGICAL SURVEY	NM-05523	
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.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
1.	7. UNIT AGREEMENT NAME	
WE'L GAS WELL OTHER Water Injection T/A	High Lonesome Penros	
2. NAME OF OPERATOR	8. FARM OR LEASE NAME	
Aceco Petroleum Company /	High Lonesome Penros	
3. ADDRESS OF OPERATOR	9. WELL NO.	
2106 W. Richey, Artesia, NM 88210 746-6156	#4	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface	high Lonesome Queen	
990 FSL and 660 FEL MAY 18 1987	1. SEC., T., E., M., OR BLK. AND SURVEY OR AREA Sec. 15, T16S, R29E	
14. PDRMIT NO. 15. ELEVATIONS (Show whether DF, RI, OR, etc.) ARTESIA, OFFICE	12. COUNTY OF PARISH 13. STATE Eddy NM	
Check Appropriate Box To Indicate Nature of Notice, Report, or	Other Data	
NOTICE OF INTENTION TO:	EQUENT REPORT OF:	

SHOOT OR ACIDIZE

REPAIR WELL

CHANGE PLANS

(Other) To put back on production

(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.)*

Plan to change from a T/A injection well to producing status. 6-24-87 Will log and perforate at approximately 1250' - 1300' to put back on production.

WATER SHUT-OFF

FRACTURE TREATMENT



18. I hereby certify that the foregoing is true and correct			
SIGNED CXC	TITLE	Agent	DATE 5-1-87
(This space for Federal or State office use)			5-1487
APPROVED BY Acting Area Manager	TITLE		DATE 5 /4 2