| | | | SUBMIT IN TRIPL | FORM APPARENT NO. LEASE DESIGNATION AND | 0. 42-R1424. 51 | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------|--|
| | UV | O STATES | April 10 strategious re- | LC-068677 | | |
| 1 mg 2 11 (M. y. 1965) | DADTME | MI OF THE THE CLAIM | DD | 6. IF INDIAN, ALLOTTEE OR | TRIBE NAME | |
| | | | | 6. IF INDIAN, ADDOLLAR | | |
| | | | N WELLS | | | |
| 9 | SUNDRY NOTICE | to drill or to deepen or plug by | ack to a different reservoir | 7. UNIT AGREEMENT NAME | | |
| (Do not use | e this form for proposation Use "APPLICATI | ES AND REPORTS C to drill or to deepen or plug by ON FOR PERMIT—" for such pi | RECEIVED BY | 7. UNIT ROLL | | |
| 1. | | Water Injection | • | 8. FARM OR LEASE NAME | | |
| _ G | VELL OTHER | 505-746-6156 or | 101 22 1986 746-2676 | Davis Federal | | |
| OF OF OPERA | ATOR | 9. WELL NO. | | | | |
| Aceco Petr | coleum Company | #11 | | | | |
| | TT A TOP | New Mexico 88210 | ARTESIA, OFFICE | 10. FIELD AND POOL, OR V | WILDCAT | |
| 2106 W. Richey, Artesia, Longordance with any State requirements. | | | | | | |
| 4. TOCATION OF W | 17 below.) | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA | | | | |
| At surface | | Sec. 15, T16S, R29E | | | | |
| 1310' FNL & 2630' FWL of Section 15, Tl6S, R29E Sec. 15, Tl6S, R29E 12. COUNTY OF PARISH 13. STATE | | | | | | |
| | | 15. ELEVATIONS (Show whether I | | 1 | NM | |
| NO NO | | 27071 | | Eddy | | |
| 14. PERMIT NO. 3707' Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data SUBSEQUENT REPORT OF: | | | | | | |
| | Cl1. A. | propriate Box To Indicate | Nature of Notice, Report | SEQUENT REPORT OF: | | |
| 16. | Check At | max TO: | | REPAIRING W | ELL | |
| | NOTICE OF INTEN | | WATER SHUT-OFF | ALTERING CA | | |
| TEST WATER | R SHUT-OFF | PULL OF ALTER CASING | FRACTURE TREATMENT | ABANDONMEN | | |
| PRACTURE T | et CAT | MULTIPLE COMPLETE X | SHOOTING OR ACIDIZING | | - Wall | |
| SHOOT OR ACTUIZE (Other) — (Other) — (NOTE: Report results of multiple completion of the completion o | | | | | | |
| REPAIR WE | 1.L | CHANGE | Completion or Rec | lates, including estimated dat | e of starting any s and zones perti- | |
| (Other) | | SERATIONS (Clearly State all porti | Completion or Received near details, and give pertinent docations and measured and true vection well to be plu | ertical depths for an income | - | |
| 15. ascense P | worth. If well is direct | ionally drilled, give sub-dirace | ection well to be plu sure test. We plan t | igged and abandone | d | |
| nent to the | his wirt it | requires this inje | ection well to 201 | o set the followi | ng | |
| | | | | | | |
| | | | | | | |
| | p109-7 | Class "C" Cement fi | rom T.D. of 2001 to | isolate the perfor | cations. | |
| 1) S | Spot 35 Sxs. or | of a cast iron bride | rom T.D. of 2001' to ge plug in order to : | | 1500 | |
| t | take the place | ove top perforation | | u Coment from 1750 |)' to | |
| | | | | the top. | | |
| 2) 5 | Tag top of plug | arter 2 mest | 25 Sxs. of Class "C Queen formation from 25 Sxs. of Class "C the salt. | the sor 900 | to 800'. | |
| | TOOO . TITE by | on - Spot | - 25 Sxs. of Class "C | Cement 110m 300 | | |
| 3) ' | Tag top of plug | isolate the base of | f the salt. | •=0 | N +5 350'- | |
| <i>J</i> / | This plug will | isolate the base of | of Class "(| C" Cement from 450 |). [0 330 · | |
| | | - after / hrs. Ppo | C == | | | |
| 4) | Tag top of Park | cover the top of the | ne sarc. | C" Cement from 25 | 0' to | |
| | THIS brug | a after 2 hrs. Spo | t 50 Sxs. of Class | /8" at 200' and al | .so serve | |
| 5) | Tag top of plu | s blug will cover th | t 50 Sxs. of Class " ne bottom of the 8 5/ | | | |
| | surface. Inis | 1g. | | marker. Clean a | na | |
| | as surface r | asing and anchors be | elow surface; set P&A | | | |
| 6) | level location | 1. | | | | |
| | TEACT TOCKET | | | | | |

*See Instructions on Reverse Side

TITLE

TITLE

18. aereby certify that the foregoing is true and correct

his space for Federal or State office use)

PROVED BY LINE (ASLANZ) NOTITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

Hacea Petroleum 10. DAVIS Federal #11 Flug & Abandors

| Coment wis circ. | Cement was circ. to surface |
|---------------------------------------------------------------------------------------------|-------------------------------------------|
| Cenest flux | = 85/8" C.D GD 200' W/100 SXS. |
| (a 41. | = 11. 1. 1/119 From 450' to 350! |
| Berner | - Corest plug from 1001 to 2001. |
| GUEED FOID IN TOP COMEN | |
| Well Name: DENS Fee #11 Field: High Lone Sone Luced Remont County: Eddy Co., in a Non Pin | 12/21. Top perf. @ 1947 41/24 CD @ 2001. |