

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

NM OIL & GAS COMMISSION
SUBMIT IN TRIPL
Draw Other instructions on re-
verse side

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

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 ☐ GAS ☐ OTHER ☒ WATER INJECTION WELL		7. UNIT AGREEMENT NAME FOREST POOL UNIT	
2. NAME OF OPERATOR LAVION ENTERPRISES, INC. ✓		8. FARM OR LEASE NAME FOREST POOL UNIT	
3. ADDRESS OF OPERATOR 5103 79 TH ST. LUBBOCK, TEXAS 79423		9. WELL NO. 23	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1650' FEL 2310' FEL SEC 35, T16S, R29E		10. FIELD AND POOL, OR WILDCAT SQUARE LAKE GSA	
14. PERMIT NO.		15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3657 GL	
		16. COUNTY OR PARISH EDDY	
		17. STATE NM	

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) RESUME WATER INJECTION ☒	

SUBSEQUENT REPORT OF:

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

WELL IS COMPLETED AS FOLLOWS:
10 3/4" CASING @ 758' W/ 75 SK.
7" " @ 2551 W/ 100 SK

2 3/8" CEMENT LINED TUBING WITH PACKER SET
IN 7" CASING @ 2505'

CASING-TUBING ANNULUS IS FILLED WITH TREATED WATER
AND TESTED TO 500 PSI.

INTEND TO RE-CONNECT WELL TO FOREST POOL UNIT
WATER INJECTION SYSTEM AND RESUME
WATER INJECTION.

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

SIGNED Ronald L. Layton

TITLE PRESIDENT

DATE 10-10-83

(This space for Federal approval)

APPROVED

(Orig. Sgd.) PETER W. CHESTER

TITLE _____
SUBJECT TO _____
APPROVAL BY DATE _____

CONDITIONS OF APPROVAL, IF ANY:

DEC 9 1983

*See Instructions on Reverse Side

