

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN _____
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

NM 0610

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
S.W. Henshaw
Premier Unit

9. WELL NO.

10

10. FIELD AND POOL, OR WILDCAT

Henshaw West (Grayburg)
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 18, T-16-S, R-30-E

12. COUNTY OR PARISH 13. STATE

Eddy New Mex

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

Lenneco oil Company

3. ADDRESS OF OPERATOR

Box 1035, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980 FSL + 1980 FEL

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3758 DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Convert to water Inj.

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

5-26-69

1. Pulled tubing, gas lift valves + Packer
2. Chucked TD @ 2744'
3. Ran injection tubing + packer set at 2646'
4. Began injection 6-7-69

RECEIVED

AUG 1 - 1969

O. C. C.
ARTESIA, OFFICE

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

SIGNED

L. M. Williams

TITLE

Production Engineer

DATE

7-30-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES ONLY

JUL 31 1969

Date

ACTING District Engineer

*See Instructions on Reverse Side