

Form 1-331
(May 1963)

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN REPLICATE
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42 R1424
5. LEASE DESIGNATION AND SERIAL NO.
Las Cruces 068064
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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.)

Copy to

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER **Injection (Conversion)**
2. NAME OF OPERATOR **Anadarko Production Company**
3. ADDRESS OF OPERATOR **P. O. Box 9317, Fort Worth, Texas 76107**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
3300' FSL & 675' FEL

7. UNIT AGREEMENT NAME
8. FARM OR LEASE NAME **Greir**
9. WELL NO. **7**
10. FIELD AND POOL, OR WILDCAT
Square Lake
11. SEC. R. S. M., OR S.E. AND SURVEY OR AREA
SE/4 NE/4
Sec. 31-16S-31E
12. COUNTY OR PARISH 13. STATE
Eddy New Mexico

14. PERMIT NO.
15. ELEVATIONS (Show whether DF, ST, OR, etc.)
3852' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHORT OR ACIDIZE ☐
REPAIR WELL ☐
PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHORTING OR ACIDIZING ☐
(Other) ☐
RETAINING WELL ☐
ALTERING CASING ☐
ABANDONING* ☐

(Other) **Convert to Injection**

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and completion or Recompletion Report and Log form.)
If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)

Permission is requested under New Mexico Oil Conservation Commission Order No. R-2977 to convert the subject well from a shut-in oil well to an injection well.

The proposed operation shall consist of setting packer at 2960' with tubing and injecting water through perforations at 3198'-3203', 3208'-3215', 3240'-3248' and 3359'-3367'.

RECEIVED

JUN 20 1968

O. C. C.
ARTERIA, OFFICE

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

SIGNED **C. V. Stumboffer**
(This space for signature of Superintendent)

TITLE **Superintendent**
Secondary Recovery

DATE **6-17-68**

APPROVED BY **APPROVED**
CONDITIONS OF **APPROVAL**

TITLE **Subject To Approval of N.M.O.C.C.**
Before injection commences
DATE

R. E. GLENN
ACTING DISTRICT ENGINEER

*See Instructions on B.

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