

UNITED STATES DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY Artesia, NM 88210

SA file  
Form approved.  
Budget Bureau No. 42-424.

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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	RECEIVED
2. NAME OF OPERATOR Boyd Operating Co. ✓	JUL 23 1982
3. ADDRESS OF OPERATOR Box 1756 Roswell, New Mexico 88201	O. C. D. ARTESIA, OFFICE
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2002 FNL, 1980 F E L, Sec. 35	5. LEASE DESIGNATION AND SERIAL NO. LC 029438 A
14. PERMIT NO.	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4082	7. UNIT AGREEMENT NAME
	8. FARM OR LEASE NAME Carper Johnson A
	9. WELL NO. 1-Y
	10. FIELD AND POOL, OR WILDCAT
	11. SEC., T., B., M., OR BLK. AND SURVEY OR AREA Sec. 35
	12. COUNTY OR PARISH T 16 S R31E
	13. STATE Eddy N. M.

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)\*

7" set at 3320' in/ 100 sx

- 1) Run casing scraper to 3310'
- 2) Run 7" tension packer and 2 7/8" EUE tubing.
- 3) Set packer at approx. 3300. Commence injection

RECEIVED  
JUL 23 1982

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

SIGNED

TITLE President

DATE 7/19/82

(This space for Federal or State Office use)

APPROVED  
(Orig. Sgd.) PETER W. CHESTER

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

FOR

JAMES A. GILLHAM  
DISTRICT SUPERVISOR

JUL 22 1982

\*See Instructions on Reverse Side