

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC - 068677

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.)

1. OIL ☐ WELL ☐ GAS ☐ WELL ☐ OTHER ☒ Water Injection

2. NAME OF OPERATOR

Aceco Petroleum Co.

3. ADDRESS OF OPERATOR

2106 W. Richey, Artesia, New Mexico 88210

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

1310' FNL and 1310' FWL Sec. 15, T16S, R29E

14. PERMIT NO.

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

RECEIVED BY

JUL 22 1986

O. C. D.

ARTESIA, OFFICE

UNIT AGREEMENT NAME

High Lonesome Queen

FARM OR LEASE NAME

High Lonesome Queen

WELL NO.

Davis #12

9. FIELD AND POOL, OR WILDCAT

High Lonesome Queen

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 15, T16S, R29E

12. COUNTY OR PARISH

Eddy

13. STATE

New Mexico

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐

PULL OR ALTER CASING ☐

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREAT ☐

MULTIPLE COMPLETE ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOT OR ACIDIZE ☐

ABANDON* ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

REPAIR WELL ☐

CHANGE PLANS ☐

(Other) casing leak survey

(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 measurements and true vertical depths for all markers and zones pertinent to this work.) *

Casing Leak Survey was performed 5-26-86. O.K.

Witnessed by Mike Stubblefield, NMCCD

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

SIGNED

Cheri M. Work

TITLE

Owner / Partner

DATE 7-17-86

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

ACCEPTED FOR RECORD

DATE

RP

JUL 16 1986

*See Instructions on Reverse Side

CARLSBAD, NEW MEXICO