

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

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

Form approved.  
Budget Bureau No. 42-R1424.

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	5. LEASE DESIGNATION AND SERIAL NO. LC-068677
2. NAME OF OPERATOR Aceco Petroleum Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME High Lonesome Queen
3. ADDRESS OF OPERATOR 2106 W. Richey, Artesia, New Mexico 88210	7. UNIT AGREEMENT NAME High Lonesome Queen
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1310' FNL and 1310' FWL Sec. 15, T16S, R29E	8. FARM OR LEASE NAME High Lonesome Queen
14. PERMIT NO.	9. WELL NO. Davis #12
15. ELEVATIONS (Show whether DEPT. RT, GR, or GCS) ARTESIA, OFFICE	10. 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 <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	
(Other) To put back on production		(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.)\*

Plan to change from Injection Well to producing well status by  
July 6, 1987.

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

SIGNED <u>Borwin L. Parish</u>	TITLE <u>Owner/Partner</u>	DATE <u>May 15, 1987</u>
(This space for Federal or State office use)		
APPROVED BY <u>Orig. Sgd. Linda E. C. [Signature]</u>	TITLE <u></u>	DATE <u>5-29-87</u>
CONDITIONS OF APPROVAL, IF ANY:		