

DISTRICT 1  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT 2  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT 3  
1000 Rio Brazos Rd., Aztec, NM 87410

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

WELL API NO.	30-015-04381
5. Indicate Type of Lease	Federal
6. State Oil & Gas Lease No.	LC-060529
7. Lease Name or Unit Agreement Name	
8. Well No.	Beeson "F" Federal No. 9
9. Pool name or Wildcat	Loco Hills QN-GB-SA

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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL WELL	Injector
2. Name	AROC (TEXAS) INC PO BOX 702373
3. Address	TULSA OK 74170-2373 05/885-5433
4. Well Location Unit Letter <u>N</u> : <u>330'</u> Feet From The <u>South</u> Line and <u>2310'</u> Feet From The <u>West</u> Line Section <u>29</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data			
NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF	
PERFORM REMEDIAL WORK <input type="checkbox"/>	PLUG AND ABANDON <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>		CASING TEST AND CEMENT JOB <input type="checkbox"/>	
OTHER: <input type="checkbox"/>		OTHER: <u>Casing Integrity Test</u> <input checked="" type="checkbox"/>	

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

12/29/00 RIH w/4 1/2" 10.5# coated AD-1 tension pkr, 87 jts coated (TK-70) injection tbq. Circulated pkr fluid. Set pkr & tested annulus to 380 psi and held for 30 minutes.

Original chart attached



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE Thallia Marshall TITLE \_\_\_\_\_

TYPE OR PRINT NAME Thallia Marshall

DATE 01/03/01

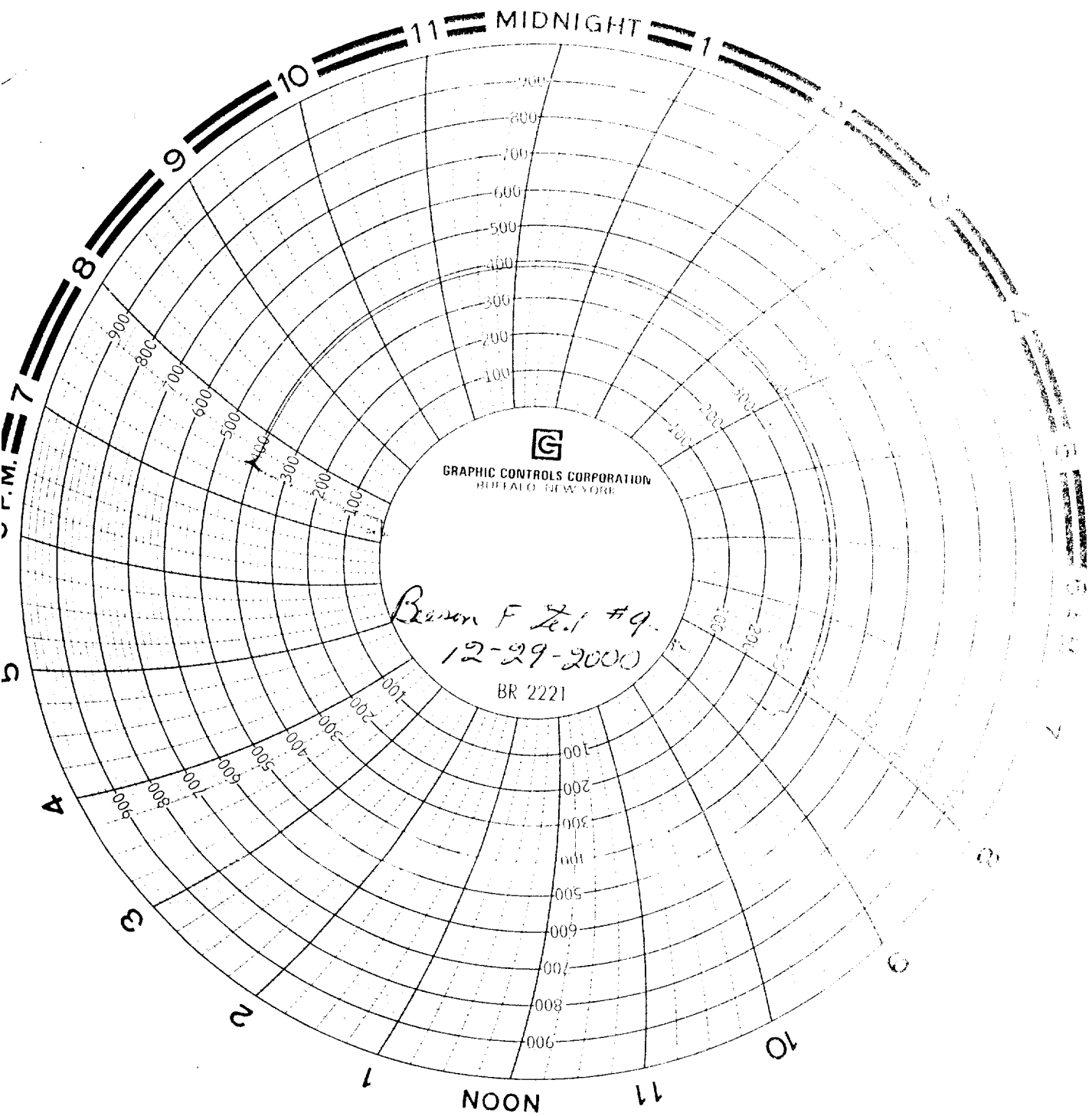
TELEPHONE NO. 505-885-5433

(This space for State Use)

APPROVED BY Perry Perry TITLE \_\_\_\_\_

DATE 2-16-01

CONDITIONS OF APPROVAL IF ANY:





01514

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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" (FORM C-101) FOR SUCH PROPOSALS.)	
1. Type of Well: OIL <input type="checkbox"/> GAS <input type="checkbox"/> <u>Convert to injector</u>	
2. AROC (TEXAS) INC PO BOX 702373 TULSA OK 74170-2373	505/885-5433
Unit Letter <u>N</u> : <u>330'</u> Feet From The <u>South</u> Line and <u>2310'</u> Feet From The <u>West</u> Line	
Section <u>29</u> Township <u>17S</u> Range <u>30E</u> NMPM <u>Eddy</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
NOTICE OF INTENTION TO:	SUBSEQUENT REPORT OF
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	CASING TEST AND CEMENT JOB <input type="checkbox"/>
OTHER: <input type="checkbox"/>	OTHER: Casing Integrity Test <input checked="" type="checkbox"/>

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates including estimated date of starting any proposed work) SEE RULE 1103.

09/20/00 POH w/2 3/8" tbg & pkr. RIH w/4 1/2" 10.5# plastic coated AD-1tension pkr & 87 jts new 2 3/8" plastic coated (TK-70) tbg.  
Circulated pkr fluid down the annulus. Set pkr @ 2748'. Tested annulus to 340 psi and held for 30 min - held good.

Original chart attached



I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE <u>Thallia Marshall</u>	TITLE _____	DATE <u>09/26/00</u>
TYPE OR PRINT NAME <u>Thallia Marshall</u>		TELEPHONE NO. <u>505-885-5433</u>
(This space for State Use)		
APPROVED BY <u>[Signature]</u>	TITLE <u>Field Rep</u>	DATE <u>2-16-01</u>
CONDITIONS OF APPROVAL IF ANY:		

