

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1. LOCATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1454

5. LEASE DESIGNATION AND SERIAL NO.

LC 065014

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Max Friess MA

9. WELL NO.

4

10. FIELD AND POOL, OR WILDCAT

Grayburg-Jackson

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

Sec. 30, T17S, R31E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

1. OIL ☒ GAS ☐ OTHER ☐
WELL WELL

2. NAME OF OPERATOR

Atlantic Richfield Company

3. ADDRESS OF OPERATOR

P. O. Box 1978, Roswell, New Mexico 88201

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

1980' FNL & 660' FEL (Unit letter H)

14. PERMIT NO.

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

3616' GR

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other) Convert to WIW

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

X

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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.)*

In accordance w/NMOCC Order No. R-4306, 5/19/72, we propose to convert this well to water injection service. Injection will be into Grayburg (Premier) perms 3220-3240' through 2-3/8" tubing w/7" tension packer set at about 3150'. Annulus will be loaded w/treated fresh water.

RECEIVED

JUN 6 1972

O. C. C.
ARTESIA, OFFICE

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

SIGNED

[Signature]

TITLE

Dist. Drlg. Supervisor

DATE

5/31/72

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

JUN - 5 1972
R. L. BEEKMAN
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side