

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYN. M. O. C. C. COPY
SUBMIT IN THIS CASE*
(Other instructions on reverse 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 Water Injection Well <input checked="" type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 055696	
2. NAME OF OPERATOR Dixon & Yates Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR Yates Building, 207 S. 4th St., Artesia, N.M. 88210		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660/N and 660/W Sec. 14, T. 18 S., R. 29 E., N.M.P.M.		8. FARM OR LEASE NAME Boulter	
14. PERMIT NO.		9. WELL NO. 3	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3505 GR		10. FIELD AND POOL, OR WILDCAT Loco Hills	
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA NW $\frac{1}{4}$ NW $\frac{1}{4}$ 14-18-29	
		12. COUNTY OR PARISH Eddy	
		13. STATE N.M.	

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON*

CHANGE PLANS

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.)*

Plan to resume water injection. Will run approximately 2500' of new 2 3/8" OD Tubing and set 2" X 4 1/2" Totem tension packer. Will pressure casing to approximately 1275# for 30 minutes.

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

SIGNED

John E. Gorden

TITLE

Bookkeeper

DATE

4-10-73

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

APR 16 1973

R. L. BECKMAN

ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side