

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP DATE
(Other instruction 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.)

RECEIVED

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ Water injection well

2. NAME OF OPERATOR Dixon & Yates Oil Company

3. ADDRESS OF OPERATOR Yates Building, 207 S. 4th St., Artesia, N.M., 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface
660/N and 66/W Sec. 14, T. 18 S., R. 29 E., N.M.P.

5. LEASE DESIGNATION AND SERIAL NO.
LC 055696

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Boulter

9. WELL NO.
3

10. FIELD AND POOL, OR WILDCAT
Loco Hills

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
NW 1/4 NW 1/4 14-18-29

12. COUNTY OR PARISH
Eddy

13. STATE
N. M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3505 GR

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

NOTICE OF INTENTION TO:

| | |
|--|---|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

SUBSEQUENT REPORT OF:

| | |
|--|--|
| WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input checked="" type="checkbox"/> |
| (Other) <input type="checkbox"/> | |

(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.) *

Ran 2" X 4 1/2" Totem tension packer on 80 joints of new 2 3/8" OD Tubing. Set packer at 2510', Ground Level Measurement. Pressured Casing to 1275# for 30 minutes.

Water Injection well completed 4-11-73

RECEIVED
APR 12 1973
U.S. GEOLOGICAL SURVEY

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

SIGNED Nola Carden TITLE Bookkeeper DATE 4-12-73

(This space for Federal or State office use)

APPROVED BY R. L. BEEKMAN TITLE ACTING DISTRICT ENGINEER DATE APR 16 1973

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side