

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRI
(Other instruction
verse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

dsf

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> Water Injection	<div>RECEIVED BY</div> <div>JUL 27 1987</div> <div>O. C. D.</div> <div>ARTESIA, OFFICE</div>
2. NAME OF OPERATOR	
3. ADDRESS OF OPERATOR	
4. LOCATION OF WELL (Report location clearly and in accordance with State requirements. See also space 17 below.) At surface	

5. LEASE DESIGNATION AND SERIAL NO.
NM0334702
6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Power Grayburg Unit
8. FARM OR LEASE NAME
Power Grayburg Unit Tr 2
9. WELL NO.
1
10. FIELD AND POOL, OR WILDCAT
Power Grayburg - San Andres
11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 6, T-18-S, R-31-E
12. COUNTY OR PARISH
Eddy
13. STATE
NM

14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.)
	3648' GR, 3658' KB

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) Start Wtr Injection <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.) *

On July 10, 1987 started injecting water in this well @ 1:30 p.m.

ACCEPTED FOR RECORD
JUL 21 1987
SJS
CARLSBAD, NEW MEXICO

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

SIGNED Travis Reed TITLE Production Superintendent DATE 7-14-87
(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side