

LC 063613

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Federal Unit #
14-08001-8772

7. UNIT AGREEMENT NAME

Culwin Queen Unit

8. FARM OR LEASE NAME

9. WELL NO.

17

10. FIELD AND POOL, OR WILDCAT

Shugart, Y 8A-7R

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

1-19S-30E

12. COUNTY OR PARISH

Eddy

13. STATE

N.M.

SUNDRY NOTICES AND REPORTS ON WELLS RECEIVED BY

(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.)

SEP 21 1984

O. C. D.

ARTESIA, OFFICE

1. OIL WELL ☐ GAS WELL ☒ OTHER Water Injection

2. NAME OF OPERATOR

Clifford Cone

3. ADDRESS OF OPERATOR

P.O. Box 6010, Lubbock, Texas 79413/ (P.O. Box 136, Lovington, NM 88260)

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

Letter J. 1980 F.E.L. & 1980 F.S.C.

Sec. 1, 19S-30E

14. PERMIT NO.

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

3513 G.L.

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) Return to water injection.

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

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.)

Culwin Queen Unit, Well #17, (water injection) has been T.A. since 1971.
Will drill out C.I.B.P. and restore to water injection into Queen Sand at perfs 3080'-3112'
Install packer at 3040' in 2 3/8" P.L. tubing.
Set up-strain at 12 pts
Circulate annulus with treated water.

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

SIGNED D.R. Bell

TITLE

DATE 8-3-84

(This space for Federal or State office use)

AREA MANAGER
CARLSBAD RESOURCE AREA

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 9-20-84

Subject to
Like Approval
by State

*See Instructions on Reverse Side