

DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

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

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 ☒ INJ	7. UNIT AGREEMENT NAME TAYLOR UNIT
2. NAME OF OPERATOR GRST Petroleum	8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR Box 6, Loco Hills, New Mexico 88255	9. WELL NO. 7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL, 1980 FWL	10. FIELD AND POOL, OR WILDCAT SHUG ART (Y, SR, Q, G, L)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 12 T-18S R-31E
15. ELEVATIONS (Show whether DF, RT, GK, etc.) 3750 GR	12. COUNTY OR PARISH Eddy
	13. STATE NM

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

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐
(Other) **PLACE WELL BACK ON INJ**

PULL OR ALTER CASING ☐
MULTIPLE COMPLETION ☐
ABANDON* ☐
CHANGE PLANS ☐

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.)*

ON OR ABOUT 9/30/88

1. RIG UP pulling unit
2. GO IN hole & REMOVE CIBP @ 3300'
3. RUN 3500' ± 2 3/8" PLASTIC COATED TUBING WITH HALLIBURTON PACKER
4. PRESSURE TEST CASING TO 500 PSI
5. PLACE WELL BACK ON ACTIVE INJECTION

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

SIGNED [Signature]

TITLE **GEOLOGIST**

DATE **9/20/88**

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE **9/29/81**

Subject to
Like Approval
by State

*See Instructions on Reverse Side