

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

U. S. GEOLOGICAL SURVEY  
SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO.

LC059569(b)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 Water injection well	<b>RECEIVED</b> NOV 12 1970 U. S. GEOLOGICAL SURVEY ARTESIA, NEW MEXICO	7. UNIT AGENCY, STATE NAME North Shugart Queen Unit
2. NAME OF OPERATOR J. J. Travis		8. FARM OR LEASE NAME Kenwood
3. ADDRESS OF OPERATOR Box 873, Midland, Texas 79701		9. WELL NO. #1
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface  1650' from the West line and 990' from the North line Sec. 21-T-18-S, R-31-E,		10. FIELD AND POOL, OR WILDCAT North Shugart Queen
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3652	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 21-T-18-S, R-31-E
		12. COUNTY OR PARISH Eddy
		13. STATE New Mexico

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) converted to Water injection	
(Other)		(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.) \*

Originally drilled J. J. Travis #4 Kenwood T.D. 3292. Perforated 3225-3250 and completed 10-7-61 from Queen Sand. 9-27-70 Conversion to Water injection.

Set Baker Paker Model A.D. Plastic coated @ 3144.37 G.L. Ran 3142.97 @ 2 3/8" plastic coated tubing.

Wellhead: Balon Valve, Alum-Bronze, Full Port 2 3/8" Eue. W/Comb ends 2" Eue. 8rd-W.P. 1500-2000 PSI.  
Wellhead: Two 2" X 2 3/8" Eue Comb. Nipples (2000# W.P.) plastic line I.D.  
Wellhead: One 2", 11 1/2 thd., 2000# W.P. Pumping Tee  
Wellhead: Two 2" X 1" 11 1/2 thd. 2000# W.P. Swaged Nipples, plastic lined.  
Wellhead: One 1", 3000# W.P. Steel Hammer Union  
Wellhead: One 1" X 48", 2500-3000# Test Hydraulic Hose W/Male end adapters  
Wellhead: One 2" 11 1/2 thd., Hipress, 2000# W.P., L.P. Colar, plastic lined.  
Injection Line: 2 3/8" Eue. Cement lined J-55 tubing

Water injection began 10-9-70.

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

SIGNED

TITLE

DATE 11-9-70

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

**APPROVED**  
NOV 15 1970  
R. L. BECKMA  
ACTING DIRECTOR

\*See Instructions on Reverse Side

**RECEIVED**  
NOV 15 1970  
O. C. C.  
ARTESIA, OFFICE