

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-verse side)

Copy to SP.  
Form approved  
Budget Bureau No. 42 R1424  
5. LEASE DESIGNATION AND SERIAL NO.  
NM 02460

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 ☐ GAS WELL ☐ OTHER **Water Injection** **NOV 10 1976**

2. NAME OF OPERATOR **B & A Operating Co.** **O. C. C.**

3. ADDRESS OF OPERATOR **ARTESIA, OFFICE**  
**P.O. Box 136, Lovington, N. M. 88260**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface  
**660° f/SL & 592°<sup>39</sup> f/WL (unit ltr. M.)**

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3526 (D..R..)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME  
**Fed. Unit - 14 08000 1 8772**

7. UNIT AGREEMENT NAME  
**Culwin Queen Unit**

8. FARM OR LEASE NAME  
**Culwin Queen Unit**

9. WELL NO.  
**7**

10. FIELD AND POOL, OR WILDCAT  
**Shugart Gr. Yt. 7H.**

11. SECTION, T., R., N., OR S. AND  
RANGE OR AREA  
**Sec. 31, T18S R31E.**

12. COUNTY OR PARISH 13. STATE  
**Eddy N.M.**

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) <input type="checkbox"/>	<b>Temp. Abandon.</b>
(Other) <input type="checkbox"/>	<b>Temp. Abandon.</b>	(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.)\*

Since 9/66, 817184 bbls. wtr. have been injected into Queen Fmtn. (Water Flood Project) @ 3092 - 3144' W/ no apparent benefit. Injection was suspended into this well in April '76.

We wish to temporarily abandon as an injection well and to evaluate plugging back & re-completing in zones above Queen Sand.

RECEIVED

NOV 08 1976

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED **D.R. Bell** TITLE **Mgr. Optns. N.M.** DATE **Nov. 4, '76**

(This space for Federal or State office use)

APPROVED BY **Lee J. Lara** TITLE **ACTING DISTRICT ENGINEER** DATE **NOV 8 1976**

CONDITIONS OF APPROVAL, IF ANY:

UNLESS FURTHER APPROVED, WELL MUST  
BE PUT TO BENEFICIAL USE OR PLUGGED BY  
APRIL OCTOBER 1 1977

\*See Instructions on Reverse Side