

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

FOR YOUR INFORMATION

NOV 22 1993

FORM APPROVED  
Budget Bureau No. 1004-0135  
Expires: March 31, 1993

**SUNDRY NOTICES AND REPORTS ON WELLS**

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.  
Use "APPLICATION FOR PERMIT—" for such proposals

**SUBMIT IN TRIPLICATE**

1. Type of Well

☐ Oil Well ☐ Gas Well ☒ Other Water Injection

2. Name of Operator

STEPHENS & JOHNSON OPERATING CO.

3. Address and Telephone No.

P O BOX 2249, WICHITA FALLS, TX 76307-2249, 817/723-2166

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)

990' FSL & 1808' FWL  
Sec. 33, T20S, R28E SESW

5. Lease Designation and Serial No  
NM08277

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation  
SALADAR UNIT  
8910169160

8. Well Name and No.

SALADAR No. 7

9. API Well No.

3001510468

10. Field and Pool, or Exploratory Area

Saladar-Yates

11. County or Parish, State

EDDY COUNTY, NM

12. CHECK APPROPRIATE BOX(S) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION

- ☐ Notice of Intent  
☒ Subsequent Report  
☐ Final Abandonment Notice

TYPE OF ACTION

- ☐ Abandonment  
☐ Recompletion  
☐ Plugging Back  
☐ Casing Repair  
☐ Altering Casing  
☒ Other Return to Injection  
☐ Change of Plans  
☐ New Construction  
☐ Non-Routine Fracturing  
☐ Water Shut-Off  
☐ Conversion to Injection  
☐ Dispose Water

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

13. 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.)\*

Well has been shut-in for sometime. Returned well to active injection status  
in October, 1993.

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

Signed

*[Signature]*

Title

Production Mgr

Date

11/19/93

(This space for Federal or State office use)

Approved by

Conditions of approval, if any:

Title

Date