

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRICATE\*  
(Other instructions on reverse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

N.M. 04219

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Anderson

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

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

McMillan SR-Q

1.

OIL ☐ GAS ☐  
WELL WELL OTHER

Water Injection Well

2. NAME OF OPERATOR

S. P. Yates ✓

3. ADDRESS OF OPERATOR

207 South 4th Street- Artesia, New Mexico 88210

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

NE SE 2310' FSL &amp; 990' FEL

Sec. 11-T20S-R26E

VW 257

14. PERMIT NO.

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

3268 GR

12. COUNTY OR PARISH

Eddy

13. STATE

N.Mex.

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)

PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐

(Other)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

Commenced Water Injection X

(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.)\*

November 23, 1969 - Began injecting water thru 2" cement lined tubing into Queen perforations-550-560', Packer at 480'. PBTD at 568', **RECEIVED** fresh water in casing annulus.

DEC 8 1969

O. C. C.  
ARTESIA, OFFICE

RECEIVED

DEC-5 1969

GEOLOGICAL SURVEY  
NEW MEXICO

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

SIGNED

*Eldon L. Walker*

TITLE

Agent

DATE

12-5-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES

DEC 5 - 1969

Date

ACTING District Engineer

\*See Instructions on Reverse Side