

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

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

dsf

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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Application for fluid injection	5. LEASE DESIGNATION AND SERIAL NO. <b>NM 01165</b>
2. NAME OF OPERATOR <b>TXO Production Corp.</b>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>415 W. Wall Suite 900 Midland, Texas 79701-4468</b>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <b>990' FSL &amp; 1980' FWL</b>	8. FARM OR LEASE NAME <b>Yates Federal</b>
	9. WELL NO. <b>#5</b>
	10. FIELD AND POOL, OR WILDCAT <b>Burton Flat, East</b>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec 17, T20S, R29E</b>
14. PERMIT NO.	12. COUNTY OR PARISH <b>Eddy</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>3290 GL, 3306 KB</b>	13. STATE <b>NM</b>

RECEIVED  
JUL 2 '90  
O. C. D.  
ARTESIA, OFFICE

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 PLANE <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) **Application for fluid injection**

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.) \*

Proposal: Convert to saltwater injector

- 1) PU pkr and 2 3/8" tbg and TIH to 3050'. Set pkr.
- 2) Establish injection rate and pressure.
- 3) Evaluate for stimulation.
- 4) TOH w/2 3/8" tbg and pkr.
- 5) TIH w/Baker Lok-set retrievable pkr w/on-off tool and 2 3/8" plastic coated tbg.
- 6) Set pkr @ 3050'.
- 7) Perform step-rate test to determine frac pressure.
- 8) Establish injection.

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

SIGNED Jay Pulte Jay Pulte

TITLE Production Engineer

DATE June 7, 1990

(This space for Federal or State office use)

APPROVED BY Shannon Shaw  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE 6/27/90

Subject to  
Like Approval  
by State

\*See Instructions on Reverse Side