

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

N.M. Oil Co. Division
811 S. 1st Street
Artesia, NM 88210-2834

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 Salt Water Disposal Well

2. Name of Operator
Read & Stevens, Inc.

3. Address and Telephone No.
P. O. Box 1518 Roswell, NM 88202

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

990' FSL & 330' FWL
Section 27 T21S-R28E

5. Lease Designation and Serial No.
NM-0486

6. If Indian, Allottee or Tribe Name

7. If Unit or CA, Agreement Designation

8. Well Name and No.
Nix Federal SWD #5

9. API Well No.
30-015-29196

10. Field and Pool, or Exploratory Area
SWD Delaware 96100

11. County or Parish, State
Eddy County, New Mexico

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

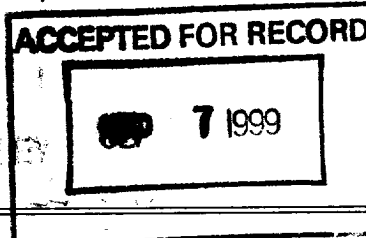
- ☐ Abandonment
☐ Recompletion
☐ Plugging Back
☐ Casing Repair
☐ Altering Casing
☒ Other Conversion to SWD Well
☐ Change of Plans
☐ New Construction
☐ Non-Routine Fracturing
☐ Water Shut-Off
☐ Conversion to Injection
☐ Dispose Water

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

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.)*

Post IO-3
9-17-99
pred to SWD

08/04/99 MIRUSU. POH w/ rods and tbg. RIH w/ 5 1/2" double set pkr w/ on-off tool and set pkr @ 2,500'. Run 2 3/8" fiberglass tbg to pkr, mix and pump 60 bbls of pkr fluid and engage pkr. Pressure test csg to 500 psi for 15 min. NMOCD representative witnessed and approved test. Chart given to NMOCD. RIs pressure and land tbg in wellhead. Plumb flowline into wellhead and start disposal operations into well at 5:00 PM on 08/06/99.



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

Signed John C. Maxey, Jr.
(This space for Federal or State office use)

Title Operations Manager

Date 9-2-99

Approved by _____
Conditions of approval, if any:

Title _____

Date _____