

SOUTH CENTRAL REGION
UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRI
(Other Instructions
reverse side)

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Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a **RECEIVED** reservoir.
Use "APPLICATION FOR PERMIT—" for such proposals.)

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER Water Injection **SEP 24 1982**
2. NAME OF OPERATOR Austin Gas Purchasing **O. C. D.**
3. ADDRESS OF OPERATOR Box 748, Salina, Kansas 67401 **ARTESIA. OFFICE**
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface: Unit Letter L. Sec. 7-24S-29E

6. IF INDIAN, ALLOTTEE OR TRIBE NAME
7. UNIT AGREEMENT NAME
Malaga
8. FARM OR LEASE NAME
Tract 13
9. WELL NO.
2
10. FIELD AND POOL, OR WILDCAT
Malaga
11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA
Sec. 7-24S-29E
12. COUNTY OR PARISH Eddy 13. STATE N. M.

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
2955' GL

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input type="checkbox"/>	

(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.)*

Pressure check indicates communication between tubing and casing.
Request for permission to remove tubing and packer, test and
reinstall in well. When a rig has been scheduled your office will
be notified of the day and time work is to begin.

RECEIVED

SEP 24 1982

**OIL & GAS
MINERALS INGT. SERVICE
ROSWELL, NEW MEXICO**

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

SIGNED [Signature]
(This space for Federal or State office use)

TITLE President

DATE 9-10-82

APPROVED BY [Signature]
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

Submitted to C-5