

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY**

SUBMIT IN TRIPLICATE\*  
(Other instructions re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-068747

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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.)

<p>1. <input type="checkbox"/> OIL WELL    <input type="checkbox"/> GAS WELL    <input type="checkbox"/> OTHER    <u>Water Injection</u></p> <p>2. NAME OF OPERATOR <u>Texas American Oil Corporation</u></p> <p>3. ADDRESS OF OPERATOR <u>1012 Midland Savings Building, Midland, TX 79701</u></p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' FNL &amp; 660' FWL</u></p>	<p>7. UNIT AGREEMENT NAME <u>Northeast Caprock</u></p> <p>8. FIELD OR LEASE NAME <u>Queen Unit</u></p> <p>9. WELL NO. <u>21</u></p> <p>10. FIELD AND POOL, OR WILDCAT <u>Caprock Queen</u></p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec 22, T-12-S, R-32-E</u></p> <p>12. COUNTY OR PARISH <u>Lea</u></p> <p>13. STATE <u>New Mexico</u></p>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>4359' (D.F.)</u>

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 PLANS <input type="checkbox"/>	(Other) <u>Water Injection</u> <input checked="" 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.)\*

This is an active water injection well.

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

SIGNED [Signature] TITLE Engineer DATE 10-4-74

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

