

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TR
(Other instructi
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-029338 (A)
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.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Convert to Water Injection		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Windfohr Oil Company		8. FARM OR LEASE NAME Grayburg Jackson (S.A.)
3. ADDRESS OF OPERATOR 1202 First National Bank Bldg., Fort Worth, Texas 76102		9. WELL NO. #24
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' from East and 1980' from North lines of Section 14 - 17S - 30E		10. FIELD AND POOL, OR WILDCAT Grayburg Jackson, GB-SA
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 14-17S-30E
15. ELEVATIONS (Show whether DF, RT, GR, etc.)		12. COUNTY OR PARISH Eddy
		13. STATE N. M.

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>Convert to Water Injection</u> <input checked="" type="checkbox"/>	

(NOTE: Report results of multiple completion on Well Completion or Recombination 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 well has been cleaned out to bottom (3500') and a gamma ray-sonic log has been run. Water injection into open hole was started on September 18, 1967. As soon as pressure resistance has developed, a profile survey will be run, and a 4 1/2" liner will be cemented in open hole.

This well was previously designated Gissler "A" #9.

RECEIVED
SEP 19 1967
U. S. GEOLOGICAL SURVEY
ARTESIA NEW MEXICO

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

SIGNED Ray L. Gray TITLE Consulting Engineer DATE Sept. 19, 1967

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
CONDITIONS OF APPROVAL, IF ANY:

APPROVED
SEP 21 1967
R. L. ...
DISTRICT ENGINEER