

UNITED STATES DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY		Permit Approved, Budget Bureau No. 42-R1424. 5. LEASE DESIGNATION AND SERIAL NO. <b>LC-068677</b> <span style="float: right;">C/SF</span>
<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <b>Water Injection</b>		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <b>Aceco Petroleum Company</b> ✓		8. FARM OR LEASE NAME <b>Davis Federal</b>
3. ADDRESS OF OPERATOR <b>2106 W. Richey, Artesia, New Mexico 88200</b>		9. WELL NO. <b>#22</b>
4. LOCATION OF WELL (Report location clearly and in accordance with state requirements.* See also space 17 below.) At surface <b>2630' FNL &amp; 1310' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>High Lonesome Queen</b>
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>15-16S-29E</b>
15. ELEVATIONS (Show whether surface, gr., etc.) <div style="border: 2px solid black; padding: 5px; text-align: center; width: fit-content; margin: auto;">           RECEIVED BY  <b>JAN 30 1986</b>  <b>O. C. D.</b>  <b>ARTESIA, OFFICE</b> </div>		12. COUNTY OR PARISH <b>Eddy</b>
		13. STATE <b>NM</b>

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 checked="" type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <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.)\*

Note: The NMOCDD requires this injection well to be plugged and abandoned as it did not pass the pressure test. We plan to set the following plugs, subject to approval:

- 1) Spot 25 Sxs. of Class "C" cement from T.D. of 1957' to <sup>1850'</sup>~~1900'~~. This plug will take the place of a cast iron bridge plug in order to isolate the perforations. Will tag 50' above top perforations.
- 2) Tag top of plug after 2 hours. Spot 35 Sxs. of Class "C" cement from 1700' to 1600'. This plug will cover the Queen formation from the top.
- 3) Tag top of plug after 2 hours. Spot 50 sxs. of Class "C" cement from 900' to 800'. This plug will isolate the base of the salt.
- 4) Tag top of plug after 2 hours. Spot 60 sxs. of Class "C" cement from 450' to 350'. This plug will cover the top of the salt.
- 5) Tag top of plug after 2 hours. Spot 60 sxs. of Class "C" cement from 200' to surface. This plug will cover casing shoe at 157' and also serve as surface plug.
- 6) Cut off all casing and anchors below surface; set P & A marker. Clean and level location.

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

SIGNED *John M. ...* TITLE Secretary DATE 1-22-86

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE 1-27-86

CONDITIONS OF APPROVAL, IF ANY: \_\_\_\_\_

