

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other instructions  
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re

COPY TO O.C.C.

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Milnesand Unit LC060978

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.)

|   |  |
|---|--|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>                        | 7. UNIT AGREEMENT NAME<br>Milnesand Unit                                   |
| 2. NAME OF OPERATOR<br>UNION TEXAS PETROLEUM CORPORATION  | 8. FARM OR LEASE NAME<br>Jacobs Federal                                    |
| 3. ADDRESS OF OPERATOR<br>1300 Wilco Building, Midland, Texas 79701   | 9. WELL NO.<br>317   |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface | 10. FIELD AND POOL, OR WILDCAT<br>Milnesand (San Andres)                   |
| Unit Letter "H", 2310' FNL & 990' FEL   | 11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA<br>Sec. 19, T-8-S, R-35-E |
| 14. PERMIT NO.<br>R-3770  | 12. COUNTY OR PARISH<br>Roosevelt  |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>4231' GL  | 13. STATE<br>New Mexico  |

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

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) Convert To Injection Well ☒PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON\* ☐CHANGE PLANS ☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

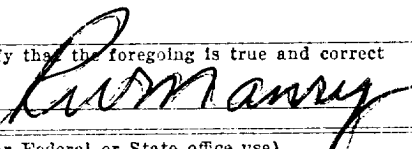
(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

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.)\*

1. Pull 2 3/8" tubing, inspect and plastic coat internally.
2. Run plastic coated tubing w/Injection Packer set @ approximately 4500'.
3. Treat injection zone w/approximately 1000 Gal. clean sweep.
4. Place on water injection.

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

SIGNED



TITLE

District Oper. Supt. Western

DATE July 19, 1971

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

JUL 22 1971

ARTHUR S. BROWN  
DISTRICT ENGINEER

\*See Instructions on

**RECEIVED**

**JUL 27 1971**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**