

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPI  
(Other Instructions  
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reWhen approved,  
Budget Bureau No. 42-R1424.  
5. DESIGNATION AND SERIAL NO.

Federal NM 0554778

6. FEDERAL 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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection	7. UNIT OR ELEMENT NAME
2. NAME OF OPERATOR Champlin Petroleum Company	8. FROM OR LEASE NAME Lauck-Federal
3. ADDRESS OF OPERATOR P.O. Box 872 - Midland, Texas 79701	9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, Section 29, T-7-S, R-33-E, State Unit-L	10. FIELD AND POOL, OR WILDCAT Chaveroo (San Andres)
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 29, T-7-S, R-33-E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4403' GR	12. COUNTY OR PARISH Roosevelt
	13. STATE New Mexico

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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Equip as water injection <input checked="" 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.)\*

Currently, the well is producing from the San Andres perforations 4116, 4135, 4166, 4198, 4218, 4230, 4235, 4258, 4293, & 4298. Proposal is to pull rods, pump, and tubing. The well will then be completed with tubing, packer, and surface connections for injecting produced water into the above San Andres perforations. Estimated date of starting work is as soon as approved or about October 15, 1969.

*NMOCC Approval is also required*

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

SIGNED

*J. P. Carter*

TITLE

District Engineer

DATE

9-29-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side