

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN 1 PLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0554778

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Lauck-Federal

9. WELL NO.

13

10. FIELD AND POOL, OR WILDCAT

Chaveroo-San Andres

11. SEC., T., R., M., OR B.L. AND
SURVEY OR AREA

Sec. 29, T-7S, R-33E

12. COUNTY OR PARISH

Roosevelt

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection ☒ **RECEIVED**
2. NAME OF OPERATOR Champlin Petroleum Company
3. ADDRESS OF OPERATOR 701 Wilco Building Midland, Texas 79701
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also notice 17 below.)
At surface
1980' FWL & 660' FSL, Section 29, T-7S, R-33E
State Unit N

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, ST, GR, etc.)

4438 GR

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) ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETE ☐

ABANDON* ☐

CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

FRACTURE TREATMENT ☐

SHOOTING OR ACIDIZING ☐

(Other) Equip as water injection well ☒ X

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.)*

Pulled rods and tubing. Reran plastic wated tubing w/a Baker AD-1 tension packer set at 4196'. Tested tubing to 2000#, tested OK. Filled annulus with treated water. Installed pressure gauge on wellhead to monitor pressure in case of leak. Job completed on 5-5-76. Initial injection was on 5-6-76 @ 4:00 P.M.

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

SIGNED *[Signature]*

TITLE District Clerk

DATE May 26, 1976

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side
See instructions on reverse side

U. S. G. O.
ROOSEVELT, NEW MEXICO