

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

NM 0556287

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Morgan Federal Tract 4

9. WELL NO.

5

10. FIELD AND POOL, OR WILDCAT

Chaveroe (San Andres)

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

Sec. 13, T-7-S, R-33-E

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER **Salt Water Disposal Well**

2. NAME OF OPERATOR

MIDWEST OIL CORPORATION

3. ADDRESS OF OPERATOR

1500 WILCO BLDG., MIDLAND, TEXAS 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

1980' FSL and 660' FEL

14. PERMIT NO.

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

4330.9

12. COUNTY OR PARISH

LEA

13. STATE

NEW MEX.

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)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Conversion to SWD Well

(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.)*

2-15-69: Pulled rods, pump and tubing to convert well to SWD.

2-16-69: Ran static coated Dresser RMC-1 packer on 136 fts. of 2-1/8" Spunline plastic coated tubing. Packer set at 4015' KBM with 9000# weight on packer. Casing and tubing annulus loaded with fresh water. Treated with corrosion inhibitor and bactericide. Pressured casing to 500 PSI. Held OK. Well ready for SWD. Will take water on vacuum.

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

SIGNED

Carolyn Turner

TITLE

Production Clerk

DATE

April 18, 1969

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD

[Signature]
District Engineer

DATE

APR 21 1969

*See Instructions on Reverse Side

Instructions

General: This form is designed for submitting proposals to perform certain well operations, and reports of such operations when completed, as indicated, on Federal and Indian lands pursuant to applicable Federal law and regulations, and if approved or accepted by any State, on all lands in such State, pursuant to applicable State law and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below, or may be obtained from, the local Federal and/or State office.

Item 4: If there are no applicable State requirements, locations of Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 17: Proposals to abandon a well and subsequent reports of abandonment should include such special information as is required by local Federal and/or State offices. In addition, such proposals and reports should include reasons for the abandonment; data on any former or present productive zones, or other zones with present significant fluid contents not sealed off by cement or otherwise; depths (top and bottom) and method of placement of cement plugs; mud or other material placed below, between and above plugs; amount, size, method of parting of any casing, liner or tubing; and the depth to top of any left in the hole; method of closing top of well; and date well site conditioned for final inspection looking to approval of the abandonment.

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