

UNITED STATES DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY
NEW OIL CONS. COM. (Revised)
Artesia, NM 88210Form approved
Budget Bureau No. 42-R1424

5. LEASE DESIGNATION AND SERIAL NO.

NM 0142321

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

N/A

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

CATO SWD

9. WELL NO.

P-5

10. FIELD AND POOL, OR WILDCAT

CATO-LIGHTCAP

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

SEC. 5, T8S, R30E

12. COUNTY OR PARISH

CHAVES

13. STATE

NEW MEXICO

1. OIL WELL ☐ GAS WELL ☒ OTHER SALT WATER DISPOSAL PLANT SITE

2. NAME OF OPERATOR

AGUA, INC.

3. ADDRESS OF OPERATOR

P.O. BOX 1978, HOBBS, NEW MEXICO 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.
See also space 17 below.)
At surface660' FS & EL OF SEC. 5, T8S, R30E, CHAVES COUNTY,
NEW MEXICO

14. PERMIT NO.

NEW MEXICO 7369

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

4030' 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)

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.)*

THE PROPOSED WORKOVER FOR REPAIR, TO BEGIN OCTOBER 9, 1984 IS AS FOLLOWS:

- (1) RIG UP 24-HOUR RECORDER ON TUBING-CASING ANNULUS
- (2) TREAT WITH 4,200 GALS. 15% HCL ACID
- (3) FLUSH WITH 50 BBLS. FRESH WATER
- (4) RETURN TO INJECTION
- (5) RUN BHP GRADIENTS EVERY 1,000' TO BOTTOM OF TUBING AT 7938'
- (6) RIG UP PULLING UNIT
- (7) PULL 2½" TUBING AND LAY DOWN
- (8) CHECK TUBING AND RE-DRESS BAKER MODEL "R" PACKER @ 7934'
- (9) RELEASE PULLING UNIT WHILE CHECKING TUBING AND PACKER
- (10) RETURN TO INJECTION

RECEIVED

OCT 10 1984

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

SIGNED

W. E. Abbott

TITLE MANAGER

DATE OCTOBER 9, 1984

(This space for Federal or State forms use)

APPROVED (Orig. Sgd.) PETER W. CHESTER
CONDITIONS OF APPROVAL, IF ANY:

OCT 30 1984

TITLE
SUBJECT TO LIKE
APPROVAL BY STATE

DATE

*See Instructions on Reverse Side

RECEIVED BY
OCT 31 1984
O. C. D.
ARTESIA, CALIF.