

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT
(Other
verse side)

TRIPPLICATE*
Instructions on re-

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 069832

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

South Caprock Queen Unit

9. WELL NO.

Tr. 8, Well No. 10

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

Sec. 5, T15S, R31E

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection well

2. NAME OF OPERATOR

Union Oil Company of California

3. ADDRESS OF OPERATOR

P.O. Box 671 - Midland, Texas 79701

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

NW/4 SE/4

14. PERMIT NO.

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

12. COUNTY OR PARISH

Chaves

13. STATE

N.M.

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 injection ☒

(NOTE: Report results of multiple completion on Well Completion or Re-completion 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.)*

Converted to water injection service.

Injection commenced May 1, 1970.

RECEIVED
OCT 20 1970
U. S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED Lon Pardue TITLE Unit Engineer

DATE 10-16-70

(This space for Federal or State use only)

APPROVED BY _____
CONDITIONS OF APPROVAL IF ANY:

TITLE _____

DATE _____

ACCEPTED FOR RECORD PURPOSES
OCT 20 1970
Date

ACTING District Engineer

*See Instructions on Reverse Side

RECEIVED
OCT 21 1970
D. C. C.
ARTESIA OFFICE
OCT 21 1970