

N. M. O. C. C. COPY

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

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"/> <b>Shut in oil well</b>		5. LEASE DESIGNATION AND SERIAL NO. <b>J. C. 060811</b>
2. NAME OF OPERATOR <b>Cities Service Oil Company</b>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <b>P.O. Box 69 - Hobbs, New Mexico</b>		7. UNIT AGREEMENT NAME <b>Drieston Queen Sand</b>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <b>660' FSL &amp; 660' FEL of Sec. 15-T14S-R31E, Chavez Co., New Mex.</b> <b>990</b>		8. FARM OR LEASE NAME <b>Tract 1</b>
14. PERMIT NO.		9. WELL NO. <b>5</b>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4417 GR.</b>		10. FIELD AND POOL, OR WILDCAT <b>Captain Queen</b>
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>Sec. 15-T14S-R31E</b>
		12. COUNTY OR PARISH <b>Chavez</b>
		13. STATE <b>New Mexico</b>

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) <b>Convert to Water Injection</b>		<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)			

(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.)\*

We propose to install the following water injection equipment:

1. Run approx. 3085' of 2 3/8" OD cement lined tubing
2. Set a 7" tension packer @ approx. 3080'.

RECEIVED

MAR 16 1965

O. C. C.  
ARTERIA, OFFICE

RECEIVED  
MAR 16 1965  
DISTRICT ENGINEER  
CHAVEZ COUNTY, NEW MEXICO

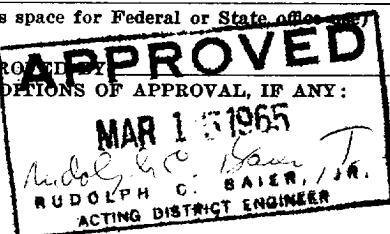
18. I hereby certify that the foregoing is true and correct

SIGNED [Signature] TITLE District Clerk DATE 3-11-65

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE  DATE

CONDITIONS OF APPROVAL, IF ANY:



\*See Instructions on Reverse Side