

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC 060811**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

**O.Q.S.U.**

8. FARM OR LEASE NAME

**Tract 1**

9. WELL NO.

**6**

10. FIELD AND POOL, OR WILDCAT

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

**Sec. 15-T14S-R31E**

12. COUNTY OR PARISH 13. STATE

**Chaves New Mexico**

1.

OIL WELL ☐ GAS WELL ☐ OTHER **Water Injection**

2. NAME OF OPERATOR

**Cities Service Oil Company**

3. ADDRESS OF OPERATOR

**Box 69 - Hobbs, New Mexico 88240**

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

At surface **1010' FSL and 1980' FWL of**

**Section 15-T14S-R31E Chaves County, New Mexico**

14. PERMIT NO.

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

**4424 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.)\*

**We propose to plug and abandon the above well in the following manner:**

1. Set CI bridge plug in casing just above open hole.
2. Set 25 sack cement plug on top of bridge plug.
3. Load hole with mud laden fluid.
4. Cut and pull approx. 2000' of 7" casing.
5. Set 100' cement plug,  $\frac{1}{2}$  in and  $\frac{1}{2}$  out of 7" casing stub.
6. Set 100' cement plug at the top of the salt section.
7. Set 100' cement plug,  $\frac{1}{2}$  in and  $\frac{1}{2}$  out of the 12 3/4' surface casing stub.
8. Set 10 sack cement surface plug with a 4' dry hole marker.
9. Clean location of all debris and equipment.

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

SIGNED

**W. L. BEEKMA**

TITLE **District Admin. Supervisor**

DATE **March 26, 1970**

(This space for Federal or State use only)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

**APPROVED**  
**W. L. BEEKMA**

## 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 will be issued by, or may be obtained from, the local Federal and/or State office.

**Item 4:** If there are no applicable State requirements, locations on 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 pulled 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.

U.S. GOVERNMENT PRINTING OFFICE: 1963-O-685229  
GPO 837-499 867-851

RECEIVED

MAR 31 1970

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**LC 060811**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

**D. Q. S. U.**

8. FARM OR LEASE NAME

**Tract 1**

9. WELL NO.

**6**

10. FIELD AND POOL, OR WILDCAT

**Caprock Queen**

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

**Sec. 15-T14S-R31E**

14. PERMIT NO.

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

**4424' GR**

12. COUNTY OR PARISH

**Chaves**

13. STATE

**New Mexico**

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 above well was temporarily abandoned on 12-4-69. This injection well is  
no longer needed in the system.

RECEIVED

DEC 10 1969

D. C. C.  
ARTESIA, OFFICE

RECEIVED

DEC-9-1969

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED

TITLE **Dist. Administrative Super.**

DATE

**12-5-69**

(This space for Federal or State official use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES  
DEC 9 - 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side

## Instructions

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UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions on  
reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 060811

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

D. Q. S. U.

8. FARM OR LEASE NAME

Tract 1

9. WELL NO.

6

10. FIELD AND POOL, OR WILDCAT

Caprock Queen

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

Sec. 15-148-31E

12. COUNTY OR PARISH

Chaves

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER ☒ **Water Injection**

2. NAME OF OPERATOR

Cities Service Oil Company

3. ADDRESS OF OPERATOR

Box 69 Hobbs, New Mexico

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

1010' FSL and 1980' FVL of Sec.

15-148-31E Chaves County, New Mexico

14. PERMIT NO.

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

4424' 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\* ☐

Reactivation ☒

(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 above well was reactivated as a water injection well on 11-1-69.

RECEIVED  
NOV 13 1969  
U. S. GEOLOGICAL SURVEY  
ARTEZIA, NEW MEXICO

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

SIGNED

ORIGINAL SIGNED  
E. L. ROBERTSON

TITLE **Dist. Admin. Supervisor**

DATE **11-12-69**

(This space for Federal or State official use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

ACCEPTED FOR RECORD PURPOSES  
NOV 18 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side

RECEIVED  
NOV 19 1969  
D. Q. S. U.  
ARTEZIA, OFFICE

## Instructions

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U. S. G. C. COPY  
N. M. O. C. C. COPY

Form 9-331  
(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE  
(Other instructions  
verse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

**L060811**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

**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 ☐ GAS WELL ☐ OTHER ☒ **Water Injection**

2. NAME OF OPERATOR

**Cities Service Oil Company**

3. ADDRESS OF OPERATOR

**Box 69, Hobbs, New Mexico**

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

**1010' FSL & 1980 FWL of Sec. 15-14S-31E, Chaves Co., N.M.**

14. PERMIT NO.

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

**4424' GR**

7. UNIT AGREEMENT NAME

**D.Q.S.U.**

8. FARM OR LEASE NAME

**Tract 1**

9. WELL NO.

**6**

10. FIELD AND POOL, OR WILDCAT

**Caprock Queen**

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

**Sec. 15-14S-31E**

12. COUNTY OR PARISH

13. STATE

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) **Temp. Abandoned** ☒

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 above well was temporarily abandoned on 9-5-69. This injection well is no longer needed in the system.**

RECEIVED

SEP 12 1969

O. C. C.  
ARTESIA, OFFICE

RECEIVED

SEP 11 1969

U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED ORIGINAL SIGNED  
G. D. ROBERTSON

TITLE Dist. Admin. Mgr.

DATE 9-8-69

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

\*See Instructions on Reverse Side

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