

N. M. O. G. C. COPY  
GEOLOGICAL SURVEY  
**WELL STATUS REPORT**

(To be submitted in quintuplicate on all inactive wells)

NAME AND ADDRESS OF OPERATOR

**aves Oil Ltd., P. O. Box 763, Hobbs, New Mexico**

WELL NO. AND LEASE NAME

**act 9 Well #1, West Cap Queen Sand Unit**

LEASE NO.

**NM-080123**

Section Township Range

**21**

**14 S**

**31 E**

Footage Location of Well:

**330**

feet from

**North**

line

**2810**

feet from

**East**

line

Pool

**Caprock Queen Chaves**

COUNTY

**Chaves**

STATE

**New Mexico**

When Was Well Shut-in or Last Produced?

**Injection well when operator took over effective 12/1/71**

Type Well

☐

Oil Well

☐

Gas Well

☐

Temp. Abd. Well

☒

**Injection**

Producing Capability

BOPD

MCFGPD

BWPD

Date Last Tested **NA-Injection well**

4. Is Well Considered Capable of Production in Paying Quantities?

**NA Injection well**

☐ Yes

☐ No

5. If Capable of Producing in Paying Quantities, Give Reasons For Not Producing Well.

**NA Injection well**

6. If Not Capable of Producing in Paying Quantities, Give Reasons For Not Plugging Well At This Time.

**Injection well**

7. What Are Future Plans For Operating Well (Include Estimated Dates)?

**To keep operating as injection well.**

I hereby certify that the foregoing is true and correct

SIGNED

*Constance Holmes*

TITLE

**Agent**

DATE

**11/2/76**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

**NOV**

**1976**

TITLE

DATE

**RECEIVED**  
**NOV 03 1976**  
**U. S. GEOLOGICAL SURVEY**  
**ARTESIA, NEW MEXICO**

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**O. C. C.  
ARTESIA, OFFICE**

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**NOV 5 1976**

**OIL CONSERVATION COMM.  
HOBBS, N. M.**