r		•	<b>P</b>
Form 9-331 (May 1963)	UNITED STATES	SUBMIT IN TRIPLICATE.	Form approved.
	RTME OF THE INTERI	OP (Other Instructions on re-	Budget Burcau No. 42-R1421.
			5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			LC - 029 405 (b) 6. IF INDIAN, ALLOTTEE OR TRIBE NAME
SUNDRY NO	OTICES AND REPORTS (	ON WELLS	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
(Do not use this form for no		_ · · · · · · <del>- ·</del>	
OSC ATT	oposats to drill or to deepen or plug b	roposals,)	
1.	OEP CHI 11 ST HIT TOP		7. UNIT AGREEMENT NAME
WELL WELL OTHER			. SHI AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
A. 1: +0 0:00			8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR			MOA HALT DIVE
3. ADDRESS OF OPERATOR			MCA UNIT BTY, 5
Hox 160 Holls n. men 88711			7
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*			10. FIELD AND POOL, OR WILDCAT
At surface			maljana Repress
1650' FNL +2310' FWL, Section 17, T-178, R32E			(GSA) Prof
100 FNZ 42310 FWZ, SECTION, 1-178, 1732E			11. SEC., T., R., M., OR BLE. AND SURVEY OR AREA
Lea County, Men Merica 14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)			Sec. 17, T-178, A-32E
14. PERMIT NO.	15. ELEVATIONS (Show whether DF,	, RT, GR, etc.)	12. COUNTY OR PARISH   13. STATE
	4032' DF		
10			Jea 11.71/24.
Check	Appropriate Box To Indicate N	lature of Notice Report or C	Shor Data
MOTICE OF IN	TOTAL TOTAL		mer Daid
MOTICE OF IN	TENTION TO:	SUBSEQU	ENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	
FRACTURE TREAT	MULTIPLE COMPLETE		BEPAIRING WELL
SHOOT OR ACIDIZE	ABANDON*	FRACTURE TREATMENT	ALTERING CASING
REPAIR WELL	·	SHOOTING OR ACIDIZING	ABANDONMENT*
ليبا	CHANGE PLANS	(Other) Convert to	
(Other)			of multiple completion on Well tion Report and Log form.)
17. DESCRIBE PROPOSED OR COMPLETED proposed work. If well is dire	OPERATIONS (Clearly state all pertinent actionally drilled, give subsurface locat	t details, and give pertinent dates,	including estimated date of starting any depths for all markers and zones perti-
O WOLL,	•	The state and trace years.	depens for an markers and zones perti-
The well wa	s converted to	a until	+ > 0 1
1	- ग्टिंग विद्यालया द	a want injec	low by the
ollowing process	Lusa .		/
ollowing process	me.		
11 7 2/1		2	
1) Ran 278	tubing with	sanker.	
	,	aux ce	
2) Displaced	annulus u	· 4.0 4 4 0	
			water, and
10 1 2 1 1 1	er at 3892' ell on injecti		, , , , , ,
see pack	er at 3892'	with 10,000	# + 1
$-1 \cdot Q q \cdot q$	. 0	-:	conscor.
3) Placed w	ell on inject	- ) 4 10 10	
	- " Trypica	0-18-68	
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2/1/4/ 1 80.7	F ,	-	
18. I hereby certify that the foresting	nels 13 FILE		
The Coregoing	2 ra rade wild collect	-	
SIGNED ME GOOD L	1661 TITLE Och	n. Section Chief	DATE 9-20-68
(m)		in the	DATE 7-68
(This space for Federal or State	ofice use)		
APPROVED BY	•	·	
CONDITIONS OF APPROVAL, IF	F ANY:	APPF	
-,	•		
		(E)	2.2 1GEB