

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
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.)

5. LEASE DESIGNATION AND SERIAL NO.

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit Battery 20

9. WELL NO.

42

10. FIELD AND POOL, OR WILDCAT

Baish Malj-Pearsall Field

Maljamar Pool

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

S-21, T-17S, R-32E

14. PERMIT NO.

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

4015 DF

12. COUNTY OR PARISH

Lea

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) Convert to water injection X

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.)*

In connection with the MCA Unit Waterflood it is proposed to convert the subject well to water injection using the following procedure:

1. Clean out to TD of 4093
2. Run 2 3/8" tubing W/retrievable packer set at approx. 3,500'.
3. Connect up well for water injection down the tubing.

The USGS office in Roswell has granted approval for this conversion. Your approval to the above work is requested.

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

SIGNED

Robert Gault

TITLE

Staff Supervisor

DATE 7-15-65

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5, NMOCC-2, LPT, Partners-12

*See Instructions on Reverse Side

APPROVED
JUL 19 1965
J. L. GORDON
ACTING DISTRICT ENGINEER