Form 9-331 (May 1963)	U	INITED STATES	OR (Other instructions on reverse side)	Budget Bur 5. LEASE DESIGNATION	eau No. 42-R1424.
		OF THE INTERIO	UK verse side)	T.C 0586	1-1
-	GI	E' GICAL SURVEY	<u> </u>	6. IF INDIAN, ALLOTT	<u> </u>
(Do not use t	JNDRY NOTION TO THE STATE OF TH				
i.				7. UNIT AGREEMENT	NAME
OIL GAS WELL  2. NAME OF OPERATO	L OTHER W	MCA 8. FARM OR LEASE N	AME		
	ntal Oil Co	MCA Uni	<b>t</b>		
P O BC  4. LOCATION OF WELL  See allocation of At surface	x 460 Hob L (Report location cle below.)	200 10. FIELD AND FOOL, Maljamar Grayburg	San Andres		
	L & 660' FE	11. SEC., T., R., M., OI SURVEY OR AR 25 21-17S-			
14. PERMIT NO.		15. ELEVATIONS (Show whether DF,	, RT, GR, etc.)	12. COUNTY OR PARIS	
		40001	GT.	Lea	N.M.
16.	Charle An		lature of Notice, Report, or (	Other Data	
	NOTICE OF INTENT	QUENT REPORT OF:			
		ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING	C WALL
TEST WATER SH		ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING	[
SHOOT OR ACIDIZ	<u> </u>	BANDON*	SHOOTING OR ACIDIZING	ABANDONA	MENT*
REPAIR WELL		HANGE PLANS	(Other)	<u> </u>	
(Other) Con	vert to wat	er injection X	Completion or Recom	s of multiple completion pletion Report and Log	torm.)
		(73)	t details, and give pertinent dates tions and measured and true verti	3, including estimated cal depths for all mark	date of starting any ters and sones perti-
nent to this wo	ork.) *		ter waterflood ef		anoi
	In ord	er to obtain bed	s proposed to cor	wert the	
in MCA subject	well to wa	ater injection us	sing the following	procedure:	wilka Fa di
	1. Sc C:	queeze perfs 750' lass "C" Cement a	- 954' W/200 sac and Halad 9.	ks Telegraphy and the State of	The property of the period of
		rill out plugs an 435.	nd clean out to TI		eer is people of the control of the

3. Run tubing with packer to be set at approximately 3,700' - Hook up well for injection.

Your approval of the above work is requested.

18. I hereby certify that the foregoing is true and correct SIGNED SIGNED: ROBERT GAULT	TITLE Staff Supervisor	DATE 4-2-65
(This space for Federal or State office use)		Region of the second
CONDITIONS OF APPROVAL, IF ANY: USGS-5, NMOCC-2 JM	TITLE	TED\

\*See Instructions on Reverse Side

