

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved,
Budget Bureau No. 1004-0135
Expires August 31, 1985

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 ☒ <u>Injection Well-Water</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC-058408B</u>
2. NAME OF OPERATOR <u>Canaco Inc.</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, N.M. 88240</u>	7. UNIT AGREEMENT NAME <u>MCA Unit</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.) See also space 17 below. At surface <u>Unit letter J</u> <u>1980' FSL + 1980' FEL</u>	8. FARM OR LEASE NAME <u>MCA Unit Btry. 4</u>
14. PERMIT NO. <u>30-025-00701</u>	9. WELL NO. <u>189</u>
15. ELEVATIONS (Show whether DF, ST, GR, etc.)	10. FIELD AND POOL, OR WILDCAT <u>Maljamar GSA</u>
	11. SEC. T., E., M., OR BLK. AND SURVEY OR AREA <u>Sec. 26, T-17S, R-32E</u>
	12. COUNTY OR PARISH <u>Lea</u>
	13. STATE <u>N.M.</u>

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

SUBSEQUENT REPORT OF:

TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <u>Report casing integrity test</u>	(Other) <u>Report results of multiple completion on Well</u>
(Other) <u>Shut-in Well</u>		(Note: Report results of multiple completion on Well Completion or Recolaplation Report and Log form.)	

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting and proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and tones pertinent to this work.)

A casing integrity test was run 5-23-89 on the referenced well (chart attached). We respectfully request permission for the well to remain shut-in.

RECEIVED

Subject to
Lake Survey
by GLO

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

SIGNED Marlene Simpson for Admin. Supervisor DATE 6-22-89

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED FOR 12 MONTH PERIOD

ENDING 7/10/90

*See Instructions on Reverse Side

SJS

RECEIVED

JUL 13 1989

OCD
HOBBS OFFICE

