

UNITED STATES  
DEPARTMENT OF THE INTERIOR

SUBMIT IN TRIPPLICATE\*  
(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.)

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC-029403(a)
2. NAME OF OPERATOR Ambassador Oil Corporation	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR Box 9338 Fort Worth, Texas	7. UNIT AGREEMENT NAME Pearsall Queen Sand Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* At surface SW/4 NE/4 1880* FN&EL Sec. 5, T 18 S, R 32 E " " "	8. FARM OR LEASE NAME Tract No. 1
14. PERMIT NO.	9. WELL NO. 2
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3859 GL	10. FIELD AND POOL, OR WILDCAT Pearsall
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T 18 S, R 32 E
	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>	FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>	SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <input type="checkbox"/>	(Other) <input type="checkbox"/>

(Other) Commence Water Injection

(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).\*

Intend to commence water injection on approximately May 1, 1965. Will inject fresh water through tubing at gravity pressure initially.

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

SIGNED Ronald R. Taylor TITLE Project Supervisor DATE 15 April 1965

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side