

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(Other instructions on
reverse side)

Form approved
Budget Bureau No. 42-R1424.

LEASE DESIGNATION AND SERIAL NO.

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.)

DEC 22

OFFICE OF
11 42 AM '69

1. ☐ OIL WELL ☐ GAS WELL ☐ OTHER ☒ WIM		7. UNIT AGREEMENT NAME YOUNG UNIT
2. NAME OF OPERATOR MIDNIGHT OIL COMPANY		8. FARM OR LEASE NAME
3. ADDRESS OF OPERATOR P. O. BOX 1305, ARTESIA, NEW MEXICO 88210		9. WELL NO. 10
4. LOCATION OF WELL (Report location clearly and in accordance with instructions. See also space 17 below.) At surface 2310' FHL & 990' FEL Sec. 20; T-18-S; R-32-E		10. FIELD AND POOL, OR WILDCAT YOUNG QUEEN
14. PERMIT NO.		11. SEC., T., R., M., OR BEX. AND SURVEY OR AREA Sec. 20-18S-32E NMPM
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3756		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:

TEST WATER SHUT-OFF ☐

FRACTURE TREAT ☐

SHOOT OR ACIDIZE ☐

REPAIR WELL ☐

PULL OR ALTER CASING ☐

MULTIPLE COMPLETION ☐

ABANDON* ☐

CHANGE PLANS ☐

(Other) Convert to WIM

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.)*

We propose to convert to WIM as follows:

1. Clean out to TD
2. Perforate from 3816-4058'
3. Frac with 18,000 gallons water & 18,000# 20/40 sand
4. Put well on injection

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

SIGNED

Arthur R. Brown

TITLE Division Superintendent

DATE 12-15-69

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

APPROVED
DEC 17 1969
ARTHUR R. BROWN
DISTRICT ENGINEER

*See instructions on Reverse Side