

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLE
(Other instructions
verse side)

TE*
re-

Form approved.
Budget Bureau No. 42-011424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 059255

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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7. UNIT AGREEMENT NAME

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8. FARM OR LEASE NAME

Federal-Love

9. WELL NO.

1

10. FIELD AND POOL, OR WILDCAT

Pearsall

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

--

12. COUNTY OR PARISH 13. STATE

Lea

New Mexico

14. PERMIT NO.

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

3852 G.L.

16.

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

FRACTURE TREAT

MULTIPLE COMPLETE

FRACTURE TREATMENT

ALTERING CASING

SHOOT OR ACIDIZE

ABANDON*

SHOOTING OR ACIDIZING

ABANDONMENT*

REPAIR WELL

CHANGE PLANS

(Other) Convert to water injection

(Other) CONVERT TO WATER INJECTION X

Note: Report results of multiple completion or Well Completion or Recompletion Report and Log forms.

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.)*

Check and clean out to T.D. Run 2" CD plastic coated tubing with tension packer and set at 3750 ft. Hook up well to water injection line and initiate injection.

Well currently is temporarily abandoned.

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

SIGNED

E. A. Riley
E. A. Riley

Superintendent

TITLE

Secondary Recovery Div.

DATE

8-10-66

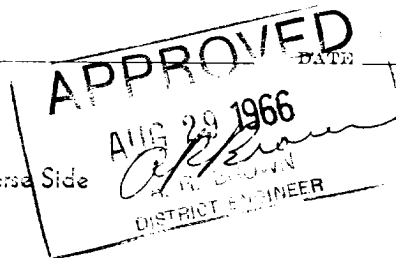
(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side