

DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION
310 Old Santa Fe Trail, Room 206
Santa Fe, New Mexico 87503

WELL API NO.
5. Indicate Type of Lease FED. <input type="checkbox"/> STATE <input type="checkbox"/> FEE <input type="checkbox"/>
6. State Oil & Gas Lease No. FED NM 086
7. Lease Name or Unit Agreement Name GOVERNMENT 'E'
8. Well No. 1
9. Pool name or Wildcat LEA BONE SPRING 96095

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" (FORM C-101) FOR SUCH PROPOSALS.)

1. Type of Well:
OIL WELL ☐ GAS WELL ☐ OTHER

2. Name of Operator
SUBSURFACE WATER DISPOSAL, INC.

3. Address of Operator
P.O. BOX 1002, HOBBS, NM 88240

4. Well Location
Unit Letter N : 610 Feet From The SOUTH Line and 1880 Feet From The WEST Line
Section 25 Township 19 S. Range 34 E. NMPM LEA County

10. Elevation (Show whether DF, RKB, RT, GR, etc.)

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data
NOTICE OF INTENTION TO:

PERFORM REMEDIAL WORK ☐ PLUG AND ABANDON ☐
TEMPORARILY ABANDON ☐ CHANGE PLANS ☐
PULL OR ALTER CASING ☐
OTHER: ☐

SUBSEQUENT REPORT OF:

REMEDIAL WORK ☐ ALTERING CASING ☐
COMMENCE DRILLING OPNS. ☐ PLUG AND ABANDONMENT ☐
CASING TEST AND CEMENT JOB ☐
OTHER: CONVERT TO SWD ☒

12. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work) SEE RULE 1103.

1. MIRU pulling unit. Make bit and scraper trip to PETD: 10,265'.
2. Re-perforate Bone Springs interval: 9719-36 & 9743-46' with 2 shots/ft.
3. Acidize Bone Springs perms. With 2500 Gallons NE FE 15% hydrochloric acid at 5½ BPM with 200-300 psi.
4. Ran injectivity test: 3/4 BPM on vacuum.
5. Pressure test casing at 820 psi. Pressure held overnight.
6. Run 2 7/8" injection plastic lined tubing and Baker Lok-set packer with on/off tool.
7. Load tubing-casing annulus with treated packer fluid.
8. Ready to place on injection with completion of surface facilities.

I hereby certify that the information above is true and complete to the best of my knowledge and belief.

SIGNATURE J. P. [Signature] TITLE V.P. DATE 7-26-'94

TYPE OR PRINT NAME

TELEPHONE NO.

(This space for State Use)

ORIGINAL SIGNED BY JERRY SEXTON
LOCAL SUPERVISOR

AUG 01 1994

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

