

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. <u>38-025-23708</u>
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

<b>SUNDRY NOTICES AND REPORTS ON WELLS</b> (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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER SWD	
2. Name of Operator SUBSURFACE WATER DISPOSAL, INC.	
3. Address of Operator P.O. BOX 1002, HOBBS, NM 88240	
4. Well Location Unit Letter <u>N</u> : <u>610</u> Feet From The <u>SOUTH</u> Line and <u>1880</u> Feet From The <u>WEST</u> Line Section <u>25</u> Township <u>19 S.</u> Range <u>34 E</u> NMPM <u>LEA</u> County	
10. Elevation (Show whether DF, RKB, RT, GR, etc.)	

11. Check Appropriate Box to Indicate Nature of Notice, Report, or Other Data	
<b>NOTICE OF INTENTION TO:</b>	<b>SUBSEQUENT REPORT OF:</b>
PERFORM REMEDIAL WORK <input type="checkbox"/>	REMEDIAL WORK <input type="checkbox"/>
TEMPORARILY ABANDON <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
PULL OR ALTER CASING <input type="checkbox"/>	COMMENCE DRILLING OPNS. <input type="checkbox"/>
OTHER: <u>CONVERT TO SWD</u> <input checked="" type="checkbox"/>	PLUG AND ABANDONMENT <input type="checkbox"/>
	CASING TEST AND CEMENT JOB <input type="checkbox"/>
	OTHER: <input type="checkbox"/>

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 PBTD: 10,277'.
2. Re-perforate Bone Spring interval: 9716' to 9746'.
3. Acidize Bone Springs perfs. With 2500 Gallons NE FE 15% hydrochloric acid.
4. Take injectivity test and pressure test casing.
5. Run 2 7/8" injection tubing and packer.
6. Displace tubing-casing annulus with treated packer fluid.
7. Place injection.

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

SIGNATURE L.B. Deckert TITLE V.P. DATE 6-6-94  
TYPE OR PRINT NAME L.B. Deckert TELEPHONE NO. (505) 393-9161

(This space for State Use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE JUN 06 1994

CONDITIONS OF APPROVAL, IF ANY: