

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE
(Other instructions on
reverse side)

Budget Bureau No. 1004-0135
Expires August 31, 1985

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 Conversion to injection		7. UNIT AGREEMENT NAME <u>RE</u>
2. NAME OF OPERATOR <u>WARRIOR INC.</u>		8. FARM OR LEASE NAME <u>FEDERAL D</u>
3. ADDRESS OF OPERATOR <u>P.O. Box 5970, HUBBS, NM 88241</u>		9. WELL NO. <u>2</u>
10. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>Unit E</u> <u>1980' FNL & 660' FWL</u>		10. FIELD AND POOL, OR WILDCAT <u>EUMONT YATES 7 RIVERS ON</u>
11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA <u>26 - 20 S - 36 E</u>		12. COUNTY OR PARISH <u>LEA</u>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, OR, etc.) <u>3581' DF</u>	18. STATE <u>NM</u>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANE <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <u>CONVERSION TO INJECTION</u> <input type="checkbox"/>	

(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.)*

This producing well was converted to injection from a producer as per NMOCB order # R-9556. On 9.13.91, rigged up Meenar well Ser. Pulled & LD rods & pump. SDFN. On 9.14.91, layed down 124 jts of 2 7/8 & 2 3/8" prod. string. Picked up 7" x 2 7/8" Plastic Coated AD-1 pkr & 2 7/8" Rice Lined (dual-lined) tbg. Ran 15 jts. SDFN. On 9.16.91, ran total of 120 jts of dual-lined tbg. Set pkr @ 3726' + KB. Mixed 20 gallons of pkr fluid (Exxon) and attempted to load. Two attempts, but well would not load. RD Rowland trucking. TOH w/ pkr & tbg. SDFN. 9.17.91 - Picked up new pc Baker Model R pkr. Set pkr @ 3726' with SV - Loaded tbg & pressured up to 500# - Tested O.K. Fished SV, loaded back side w/ 120 bbls. of corr. inh. water. held 350# for 15 min. (chart attached). SD because of rains. 9.18.91: RD Meenar. clean-up location, Roustabouts hooking up flowline etc. to prepare well for injection.

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

SIGNED [Signature]

TITLE LPE

DATE 9/18/91

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE None

DATE

*See Instructions on Reverse Side

