

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instruction 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 <input type="checkbox"/> CONVERSION TO INJECTION                                   |  | 5. LEASE DESIGNATION AND SERIAL NO.<br>NM 18264                 |                 |
| 2. NAME OF OPERATOR<br>WARRIOR INC.   |  | 6. IF INDIAN, ALLOTTEE OR TRIBE NAME                            |                 |
| 3. ADDRESS OF OPERATOR<br>P. O. BOX 5970, HOBBS, NEW MEXICO 88241-5970  |  | 7. UNIT AGREEMENT NAME  |                 |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*<br>See also space 17 below.)<br>At surface<br>1980' FNL & 660' FWL |  | 8. FARM OR LEASE NAME<br>FEDERAL D                              |                 |
| 14. PERMIT NO.  |  | 9. WELL NO.<br>2  |                 |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br>3581' DF  |  | 10. FIELD AND POOL, OR WILDCAT<br>EUMONT YATES 7 RIVERS QUEEN   |                 |
|   |  | 11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA<br>26-20-S36-E |                 |
|   |  | 12. COUNTY OR PARISH<br>LEA                                     | 13. STATE<br>NM |

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

(Other) CONVERSION TO INJECTION

PULL OR ALTER CASING

MULTIPLE COMPLETION

ABANDON\*

CHANGE PLANS

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 codes pertinent to this work.)

As per approval by NMOC Order # R-9556, we plan to convert this well to injection by setting injection packer 3750'± with 2 7/8" plastic coated or lined tubing and injection into the perforations at a rate of 120-350 BWP. Pressure will not exceed 750 psig. Initially produced water from the Federal D lease will be used until arrangements are made with Chevron for additional make-up water.

Subject to  
Like Approval  
by State

RECEIVED  
OCT 4 11 24 AM '91  
CARPENTERS  
AREP-100-100

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

SIGNED

*John M. ...*

TITLE

Consulting Petroleum Engineer

DATE

September 30, 1991

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

10-15-91

\*See Instructions on Reverse Side