

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE*
(Other instr. on re-
verse side)

Budget Bureau No. 1004-01
Expires August 31, 1985

5. LEASE DESIGNATION AND SERIAL NO.
LC 031621B

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME
Hobbs

9. WELL NO.
1,2,3,4

10. FIELD AND POOL, OR WILDCAT
Eumont Queen
Monument Grayburg

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

Sec. 18, T20-S, R-37E

14. PERMIT NO.

15. ELEVATIONS (Show whether DP, RT, GR, etc.)

12. COUNTY OR PARISH
Lea

13. STATE
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)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANE

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Method of water disposal

(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.)*

OFF-LEASE DISPOSAL

Producing formations - Queen and Grayburg San Andres

Amount of water produced - Queen 1 BWPD, Grayburg San Andres 60 BWPD

Water analysis attached

Water is stored on the lease in a 300 bbl. steel tank

Water is moved to the disposal facility via pipeline

Approved disposal system - Rice Engineering; Monument SWD system

PERMIT # R-1348

COPY
AREA

OCT 5 11 55 AM '93

RECEIVED

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

SIGNED

L. M. Sanders

TITLE Supervisor, Regulatory Affairs

DATE 9/2/93

(This space for Federal or State office use)

APPROVED BY

TITLE Petroleum Engineer

DATE 10/22/93

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side