

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLI
(Other instructions
verse side)

Form approved.
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 ☐ GAS WELL ☐ OTHER ☒ Salt Water Disposal Well		5. LEASE DESIGNATION AND SERIAL NO. LC-030132 (b)	
2. NAME OF OPERATOR Mar Water Disposal		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 2219, Hobbs, NM 88241		7. UNIT AGREEMENT NAME	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 2310' FSL and 330' FWL <i>Unit L</i>		8. FARM OR LEASE NAME Cities Federal	
14. PERMIT NO.		9. WELL NO. 1	
15. ELEVATIONS (Show whether DP, RT, GR, etc.) 3570' GR		10. FIELD AND POOL, OR WILDCAT SR-Qu	
		11. SEC., T., R., M., OR S.E. AND SURVEY OR AREA 20 - T22S - R36E	
		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:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETE ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDISE ☐	ABANDON* ☐	SHOOTING OR ACIDISING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANN ☐	(Other) ☐	(Other) ☐

(Other) Inspect tubing & casing

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROMISED 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.)

1. Rig up well servicing unit.
2. Pull and inspect tubing and packer.
3. Pick up work string of 2 3/8" tubing with a bridge plug and packer.
4. Run work string of tubing, bridge plug and packer to inspect casing.
5. If any repairs are needed, make the necessary repairs.
6. Lay down the work string and rerun the injection string. Place back on injection.

Certified Mail No. P 175 163 236

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

SIGNED Jarvis Nelson

TITLE Engineer

DATE 11/27/91

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE 12/11/91

CONDITIONS OF APPROVAL, IF ANY:

Subject to
Like Approval
by State

*See Instructions on Reverse Side