

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-062269-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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 checked="" type="checkbox"/> OTHER <input type="checkbox"/> <b>Salt Water Disposal</b>                                                            | 7. UNIT AGREEMENT NAME                                                |
| 2. NAME OF OPERATOR<br><b>Bill J. Graham</b>                                                                                                                                                           | 8. FARM OR LEASE NAME<br><b>U.S. Smelting Federal</b>                 |
| 3. ADDRESS OF OPERATOR<br><b>P. O. Box 5321, Midland, Texas 79701</b>                                                                                                                                  | 9. WELL NO.<br><b>5</b>                                               |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.<br>See also space 17 below.)<br>At surface<br><b>990' FSL &amp; 330 FEL - Section 22<br/>Unit Letter F</b> | 10. FIELD AND POOL, OR WILDCAT<br><b>Double X Delaware</b>            |
| 14. PERMIT NO.<br><b>R-3927</b>                                                                                                                                                                        | 11. SEC., T., R., MD. OR BKG. AND SURVEY OR AREA<br><b>22-24S-32E</b> |
| 15. ELEVATIONS (Show whether DF, RT, GR, etc.)<br><b>3591 DF</b>                                                                                                                                       | 12. COUNTY OR PARISH<br><b>Lea</b>                                    |
|                                                                                                                                                                                                        | 13. STATE<br><b>New Mexico</b>                                        |

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

| NOTICE OF INTENTION TO:                      |                                               | SUBSEQUENT REPORT OF:                                                  |                                          |
|----------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------|------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/>                                | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETE <input type="checkbox"/>    | FRACTURE TREATMENT <input type="checkbox"/>                            | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             | SHOOTING OR ACIDIZING <input type="checkbox"/>                         | ABANDONMENT* <input type="checkbox"/>    |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         | (Other) <b>Salt Water Disposal</b> <input checked="" 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 and 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.) \*

**Convert to Salt Water Disposal**  
**Ran Baker 5 1/2" tension packer Model AD-1 - 156 jts plastic coated tubing**  
**Set packer at 4320' - Filled annulus with brine water treated with potassium**  
**chroniate. Tested annulus to 500 psi - held OK - Finished March 13, 1970.**  
**Perf. at 4913'**  
**Well started injection - March 14, 1970**  
**Took fluid on vacuum when injection was started**

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

SIGNED Bill J. Graham TITLE Owner DATE 2-8-71

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY: