

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIP
(Other instructions
reverse side)

FORM
NO.

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

Federal NM 02965-A

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

- - -

7. UNIT AGREEMENT NAME

- - -

8. FARM OR LEASE NAME

Conoco-Federal

9. WELL NO.

2

10. FIELD AND POOL, OR WILDCAT

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

Sec 15, T-26-S, R-33-E

12. COUNTY OR PARISH

Lea

13. STATE

New Mexico

1. OIL WELL ☐ GAS WELL ☐ OTHER Salt Water Disposal Well

2. NAME OF OPERATOR
Coastal States Gas Producing Company

3. ADDRESS OF OPERATOR
Box 235, Midland, Texas 79701

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

Unit B, 660' FNL and 1710' FEL, Sec 15 T-26-S, R-33-E

14. PERMIT NO.

- - -

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

3322.6' DF

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 PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) Converted well to SWD

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 zones pertinent to this work.)*

1. Pulled rods and tubing 2-6-69.
2. Ran 2-3/8" plastic coated tubing. Set tension packer.
3. Started injecting salt water into well 2-7-69.

Well No. 2 completed June 27, 1962, as a producing well in the Delaware sand with original perforations of 5051-5055'.

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

SIGNED

TITLE Division Prod. Manager

DATE March 5, 1969

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side