

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE
(Other instructions on reverse side)

Form approved
Budget Bureau No. 42-00000
LEASE DESIGNATION AND SERIAL NO.

Las Cruces 064118

6. LEASE DESIGNATION AND SERIAL NO.

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 **Water Injection**

2. NAME OF OPERATOR
Carter Foundation Production Company

3. ADDRESS OF OPERATOR
P. O. Box 900, Kermit, Texas 79745

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)
**1980' FNL, 1989' FHL, Section 34, T-23-S, R-37-E,
Lea County, New Mexico**

11. PERMIT NO. _____ 12. ELEVATIONS (Show whether LL, RT, GS, etc.)
3282 RE 3276 GL

7. UNIT ABBREVIATION NAME _____

8. FARM OR LEASE NAME
1. C. Hill "M" Federal

9. WELL NO. _____

10. FIELD AND SURFACE AREA
Teague Simpson

11. SUBJECT, FIELD, OR LEASE SERVICE OR AREA
34-23S-37E

12. WELL NO. AND FIELD
Lea N. Mex.

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
☐ FINAL WATER SHUT-OFF	☐ RILL OR AFTER CASING	☐ WATER SHUT-OFF	☐ PERMANENT WELL
☐ FRACTURE TREATMENT	☐ MULTIPLE COMPLETION	☐ FRACTURE TREATMENT	☐ ALTERED CASING
☐ REDRILL OR ABANDON	☐ ABANDON*	☐ REDRILL OR ABANDON	☐ ABANDON ISNA*
☐ DEEPEN WELL	☐ CHANGE TRANS.	☐ (Other)	☐ (Other)

17. Describe the nature of completion operations. (Clearly state pertinent details, and give pertinent dates, including estimated date of completion of work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all completions and pertinent to the work.)

Conversion to Water Injection x

Well put on injection 4-1-65 as permitted by Order #R-2883. Well closed in April 1973 and water injection project discontinued.

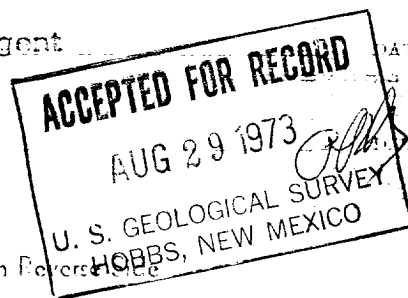
ILLEGIBLE

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

SIGNED _____ TITLE _____ Agent

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____
CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side