Form #-131

HINTED STATES

RIOR	SHRMIT IN TRIPLICATES (Other instruction: a reverse wide)	Form approved, Hudget Burent No. 42 R14 D, LEARE DESIGNATION AND MERIAL NO
RIOR	(Other Instruction: A re-	

/ /		offige use)		API	משעות ככם			
(This space for	r Federal or State		APPROVED					
18. I hereby certify	y time the topical	og in true and correct	TITLD_	Assistant District Superintendent	DATE	Sept. 9,	1.968	
	Ans	7.1						
			••		•			
			•	•				
							y	
			•	•			.*	
4. Water injection began September 6, 1968.								
•				3				
3. Spott	ed 40 Bbls.	inhibited was	ter in	casing annulus.			:_	
6 749	14.	od internat	rà hrs	sore coared protting MI	.un packer a	nu set		
			_	stic coated tubing wi	th macless"-	-44		
1. Pull	ed product:	ion rods and t	ubing.				11	
THE FULL	OMTING MOKK	HAS BEEN COMP	PELED (ON SUBJECT WELL:				
nent to this w	•	UAC DESIGN COM	T YEATH THING .	ON CITE TRAMETERS				
proposed wor	rk. If wel l is dir	OPERATIONS (Clearly strectionally drilled, give	nte all peri subsurface	inent details, and give pertinent d locations and measured and true ve	ates, including esti- ertical depths for a	mated date of str ii markers and se	arting any ones perti	
(Other)		•		(NOTE: Report re- Completion or Rec	sults of multiple co completion Report a	nd Log form.)		
BHOOT OR ACID	OIZE	ABANDON* CHANGE PLANS		shooting or acidizing (Other) Convert	to Injecti	ON ON THE	X	
FRACTURE TREA		MULTIPLE COMPLETE		FRACTURE TREATMENT		TERING CASING		
TEST WATER S	HUT-OFF	PULL OR ALTER CASI	NO	WATER SHUT-OFF	RI	PAIRING WELL		
		TENTION TO:			BEQUENT REPORT OF	r :		
16.	Check	Appropriate Box T	o Indicat	e Nature of Notice, Report,	or Other Data	•		
Regular			346	3' (D. F.)	Lea	N	.М.	
14. PERMIT NO.	y, New Mex	15, ELEVATIONS (S	how wheth	er DF, RT, GR, etc.)		OR PARISH 18. S	TATE	
			sectio	n 10, T-25-S, R-32-E,	Sec. 10, Unit let	T-25-S, R	-32 - E	
Well is located 2145' from the North Line, and 2310' from						11. BEC., T., R., M., OR BLK. AND BURVEY OR ARNA		
See also space !	17 below.)			•	1	Delaware		
P. O. Box 728, Hobbs, New Mexico 88240 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*						D POOL, OR WILDO	AT	
TEXACO Inc. 3. Address of Operator						DIAW CHIC	<u>'</u>	
2. NAME OF OPERA					8. FARM OR	Draw Unit		
	AS OTHE	R				Cotton Draw Unit		
<u>1.</u>			, ====================================		None 7, UNIT AGRE	EMENT NAME		
· · · · · · · · · · · · · · · · · · ·	e this form for pr		repen or pi	ug back to a different reservoir.	None			
	CHNIDDY NO	OTICES AND R	5 - 3		-6IIC-O6]	936 OTTER OR TR	EMAN EST	
	DEPAR	TME OF TH SEOLOGICAL		ERIOR verse side)	D. LEAMER CORP.	UGNATION AND ME		
(May 1963)	חבט א ר	UNE LLU SIN TME OF TH		EDIOD (Other Instruction)	70-	get Bureau No.		

SEP 10 1968