SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposale to drill or to deepen or plug back to a "different reservor. 6. IF INDAX, ALLOFTE OR TRIBE NAME Image:	ico
WILL Cooper Jal Unit WILL OTHER WARE OF OFERATOR S. PARM OR LEASE NAME Reserve Oil and Gas Company S. PARM OR LEASE NAME Cooper Jal Unit S. PARM OR LEASE NAME See also opper Jal Unit Netton No See also space 17 below.) Assertion Second State Sta	ico
2. MARL OF ORDERATOR Cooper Jal Unit. Reserve Oil and Gas Company Cooper Jal Unit. 2. ADDRESS OF OPERATOR 124 First Savings Building, Midland, Texas 79701 124 4. Locations of WELL (Report location clearly and to accordance with any State requirements.* 10. FIELD AND POOL, OF WILDCAT Langlie Mattix See also space 17 below.) At surface 11. SEC. T. B. M. OB ELE. AND SURVEY OF AREA Unit C, 660' FNL & 1917' FW L State requirements.* Sec. 19, 24S-37E 19-24S-37E 14. FERNIT NO. 15. ELEVATIONS (Show whether DF. RT, OR, etc.) 15. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data: NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF HEAT NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF HEAT SENDOT OR ACIDIZE ADANDON* INFORCE TREAT SUBSEQUENT REPORT OF HEAT SHOOT OR ACIDIZE ADANDON* INCOMPT Convert to Water Injection X 17. DESCENSE PHONESED ONE CONFERT OF ALL of all markers and zones pertiment details, and give pertiment dates, including estimated date of all markers and zones pertiment to this work.)* W ater injection into Langlie Mattix zone of this well was authorized by NMOCC - Order No. R-4019.	ico
First Savings Building, Midland, Texas 79701 124 4. Jocation of WFLL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIELD AND FOOL, OR WILDOAT Langlie Mattix Unit C, 660' FNL & 1917' FW L Sec. 19, 24S-37E 10. FIELD AND FOOL, OR WILDOAT Langlie Mattix 14. PERMIT NO. 15. ELEVATIONS (Show whether DP, RT, OR, etc.) 3300' GFL 12. COUNTY OR PARISE Lea 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Date: MULTIFLE COMPLETE SHOOT OR ACIDIZE REFAIR WELL (Other) Convert to Water Injection Yeather ShUT-OFF WATER SHUT-OFF FRACTURE TREAT SHOOT NO CONVERT to Water Injection Water ShUT-OFF WATER SHUT-OFF FRACTURE TREAT SHOOTOR CONFLETE OFFRATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work.)* 17. DESCURE TREAT on Completion on Completion on the Langlie Mattix zone of this well was authorized by NMOCC Order No. R-4019. Mattix zone of this well was authorized by NMOCC	ico
4. Location of will (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 10. FIELD AND POOL, OR WILDCAT Langlie Mattix Unit C, 660' FNL & 1917' FW L See also space 17 below.) At surface 11. spc., is. St. or BLK. AND SUBVEY OR AREA 14. PERMIT NO. 15. ELEVATIONS (Show whether DP, RT, OR, etc.) 3300' GP 12. COUNTY OR PARISH Lea 13. STATE Lea 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data NOTICE OF INTENTION TO: SUBSQUENT REPORT OF F FRACTURE TREAT SUBSQUENT REPORT OF F FRACTURE TREAT SHUT-OFF CHANGE PLANS (Other) Convert to Water Injection PULL OR ALTER CASING NULTIPLE COMPLETE ABANDON* CHANGE PLANS (Other) Convert to Water Injection New Met Matter and give pertinent dates, including estimated ate of starting any proposed work.)* 17. DESCRIBE PRODUCED OF CARLED OFFRATIONS (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 details and zonea perti- nent to this work.)* Water injection into Langlie Mattix zone of this well was authorized by NMOCC Order No. R-4019.	ico
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14. FLICHT NO. 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data 16. NOTICE OF INTENTION TO: SUBSEQUENT REPORT OF :- TEST WATER SHICT-OFF PULL OR ALTER CASING WATER SHUT-OFF FRACTURE TREAT MULTIPLE COMPLETE WATER SHUT-OFF SHOOT OR ACIDIZE MULTIPLE COMPLETE SHOOTING OR ACIDIZE (Other) CONVERT to Water Injection X 17. DESCRIBE PROFOSED 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 deptils for all markers and zones pertinent of this well was authorized by NMOCC Order No. R-4019.	ico
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SHOOT OR ACIDIZE ABANDON* SHOOT OR ACIDIZE ABANDON* REPAIR WELL CHANGE PLANS (Other) Convert to Water Injection X (Other) (Other) 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.)* W ater injection into Langlie Mattix zone of this well was authorized by NMOCC Order No. R-4019.	
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(Other) Convert to Water Injection X (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 perti- nent to this work.)* Water injection into Langlie Mattix zone of this well was authorized by NMOCC Order No. R-4019.	
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To convert this well to water injection, we propose to perform the following operations:	
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1. Pull tubing.	
2. Clean out to TD of 3528'.	
3. Run cement lined tubing and tension packer. Set packer at approximately 3330'. (Langlie Mattix zone is perforated 3380'-3482'.)	
4. Place inhibited fresh water above packer in casing annulus.	
5. Commence water injection when injection facilities are completed.	
Above operations are scheduled to commence approximately July 15, 1974	
18. I hereby certify that the foregoing is true and correct SIGNED	
APPROVED BY TITLE TITLE	
(This space for Federal or State office use) APPROVED BY	
*See Instructions on Reverse Sight HUR R. BROWN DISTRICT ENGINEER	

RECEIVED

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JUL- ©1971

OIL CONSERVATION COMM. NOBBS, N. M.