

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.
A. G. Falby LC 032715
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 type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well		7. UNIT AGREEMENT NAME Cooper Jal Unit	
2. NAME OF OPERATOR Reserve Oil and Gas Company		8. FARM OR LEASE NAME Cooper Jal Unit	
3. ADDRESS OF OPERATOR First Savings Building, Midland, Texas 79701		9. WELL NO. 220	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit M, 660' FSL & 628' FEL ^{FWL} Sec. 19, 24S-37E		10. FIELD AND POOL, OR WILDCAT Jalmat Oil	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 19-24S-37E	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3284' GR		12. COUNTY OR PARISH Lea	
		13. STATE New Mexico	

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) <input type="checkbox"/>	
(Other) Convert to Water Injection <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 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).*

Water injection into the Jalmat Oil zone of this well was authorized by NMOCC Order No. R-4020.

To convert this well to water injection service, we propose to perform the following operations:

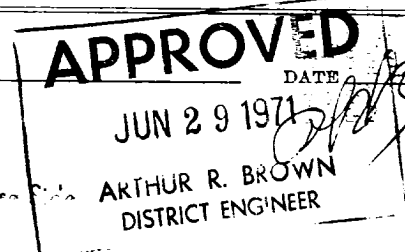
1. Pull tubing.
2. Clean out with sand pump to PBTD of 3270'.
3. Run cement lined tubing and tension packer. Set tension packer at approximately 3010'. (Jalmat zone perforations are 3060'-3158'.)
4. Place inhibited fresh water above packer in casing annulus.
5. Commence water injection when injection facilities are completed.

Above operations are scheduled to commence approximately July 17, 1971.

18. I hereby certify that the foregoing is true and correct
SIGNED [Signature] TITLE District Manager DATE June 28, 1971

(This space for Federal or State office use)

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



RECEIVED

JUL 6 1971

**OIL CONSERVATION COMM.
HOBBS, N. M.**