

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424.

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 checked="" type="checkbox"/> OTHER Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC-032592 (b)
2. NAME OF OPERATOR Reserve Oil and Gas Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR 201 First Savings Building, Midland, Texas 79701	7. UNIT AGREEMENT NAME Cooper-Jal Unit
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit E, 1980' FNL & 660' FWL, Sec. 30, T-24-S, R-37-E	8. FARM OR LEASE NAME Cooper-Jal Unit
14. PERMIT NO.	9. WELL NO. 313
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3267 DF	10. FIELD AND POOL, OR WILDCAT Jalmat
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA S 30, T-24-S, R-37-E
	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 checked="" type="checkbox"/> Convert to Water Injection	
(Other) <input 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 zone of this well was authorized by NMOCC Order No. R-4020.

To convert this well to a water injection well, the following operations were performed:

- 5-1-74 Pulled tubing. Ran sand pump and found TD at 2958'.
- 5-2-74 Ran 6 1/4" bit and cleaned out to 3130'.
- 5-3-74 Cleaned out to TD of 3180'.
- 5-4-74 Ran 7" Baker Model AD tension packer and 2 3/8" cement lined tubing. Set packer in 7" casing at 2750' with 15,000# tension.
- 5-5-74 Placed inhibited fresh water above packer in casing annulus
- 5-15-74 Commenced water injection at the rate of 100 BPD.

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

SIGNED Edm Johnson

TITLE District Manager

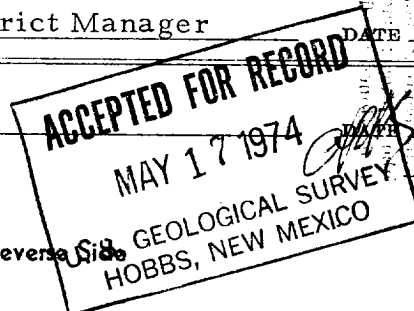
DATE May 16, 1974

(This space for Federal or State office use)

APPROVED BY

TITLE

CONDITIONS OF APPROVAL, IF ANY:



*See Instructions on Reverse Side