Form 9-331 (May 1963)	TED STATES EPARTM ، ، ، OF THE INT	SUBMIT IN TRI	re- Form approved. Budget Bureau No. 12-R1124. 5. LEASE DESIGNATION AND SERIAL NO.
GEOLOGICAL SURVEY			LC 032592(5)
SUNDRY NOTICES AND REPORTS ON WELLS			6. IF INDIAN, ALLOTTEE OR TRUBE NAME
(Do not use this form Use			
1. OIL GAS WELL OTHER Water Injection Well			7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE NAME
Course Cil and Cas Company			Cooper Jal Uait
3. Address of openator 201 First Savings Building, Midland, Texas 79701			9. WELL NO.
 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1960' FRL & 650' FRL, Sec. 30. 			10. FIELD AND POOL, OR WILDCAT Jalryat 11. SEC., T., B., M., OR BLK, AND
14. PERMIT NO.	15. ELEVATIONS (Show wheth		Sec. 30, T-24-S, R-37
	3267 1	•	12. COUNTY OF PARISH 13. STATE
16.	Charle American Paul Talladian		
	Check Appropriate Box To Indicat		
TEST WATER SHUT-OFF] []		SEQUENT REPORT OF:
FRACTURE TREAT	MULTIPLE COMPLETE	WATER SHUT-OFF FRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	SHOOTING OR ACIDIZING	ABANDON MENT*
REPAIR WELL	CHANGE PLANS	(Other)	
	Nater Injection x	Completion or Reco	ilts of multiple completion on Well mpletion Report and Log form.) tes, including estimated date of starting any
nent to this work.) *	ato the Jalmat zone of t	locations and measured and true ver	tical depths for all markers and zones perti-
No. R-4920.			
To convert this w	vell to water injection,	we propose to parform	n the following work:
1. Pall tubing.			에는 사이에 있다. 이 사이에 가지 않는 것이 있는 것이 있는 것이 있는 것이 있는 것이 있다. 이 사이에 있는 것이 없다. 것이 있는 것이 있는 것이 있는
2. Clean out to TD of 3150'.			에 있는 것 같아요. 이 가지 않는 것 같이 있다. 이 가지 않는 것 같은 것 같이 있는 것 같이 있는 것 같은 것 같이 있는 것 같이 없는 것 같이 않
3. Ran con at appro	cent lined tubing and ten eximately 2770' (Jalmat	sion packer. Set pac zona is completed in	ker in 7" casing
4. Place in	inibited fresh water in a	bove packer in casing	s annulus.
5. Commen	ace water injection.	•	
8. I hereby certify that the f	Δi	District Manager	
SIGNED	Jakan TITLE_		DATE 2. arch 1, 1974
(This space for Federal or	State office use)	ons on Reverse Side KITUR R. DISTRICT	No M
APPROVED BY CONDITIONS OF APPROV	VAL, IF ANY:	NPPKY.	STA CHAR
		12 1 12 1	
		/ WHU -	BROWN
	*See Instructi	ons on Reverse Side KINUR A	MGILAR
		DISTRIC	
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