

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

5. LEASE DESIGNATION AND SERIAL NO.

LC 032592(b)

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 201 First Savings Building, Midland, Texas 79701	9. WELL NO. 228
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface Unit C, 660' FNL & 1917' FWL Sec. 30, T-24-S, R-37-E	10. FIELD AND POOL, OR WILDCAT Jalmat (Oil)
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3276 DF
	12. COUNTY OR PARISH Lea
	13. STATE N. Mexico

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	PULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) Convert to Water Injection <input checked="" type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(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 NMCCC Order No. R-4020.

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

1. Pull tubing.
2. Clean out to PBTD of 3125'.
3. Acidize old perms 3040'-3120'.
4. Run cement lined tubing and tension packer. Set packer at approximately 2900' in 7" casing.
5. Place inhibited fresh water above packer in casing annulus.
6. Commence water injection.

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

SIGNED E. M. JohnsonTITLE District ManagerDATE March 1, 1974

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

APPROVED

MAR 12 1974

AKHUR R. BROWN
DISTRICT ENGINEER

*See Instructions on Reverse Side