

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions  
verse side)

COPY TO O. C. C.

Form approved.  
Budget Bureau No. 42-R1424.5. LEASE DESIGNATION AND SERIAL NO.  
A. Myers "B" Federal  
LC 034665(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 First Savings Building, Midland, Texas 79701	9. WELL NO. 222
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface Unit A, 330' FNL & 330' FEL Sec. 26, 24S-36E	10. FIELD AND POOL, OR WILDCAT Jalmat
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA 26-24S-36E
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3323 GR	12. COUNTY OR PARISH Lea
	13. STATE New Mexico

## 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"/>

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>
(Other) <input type="checkbox"/>

REPAIRING WELL <input type="checkbox"/>
ALTERING CASING <input type="checkbox"/>
ABANDONMENT* <input type="checkbox"/>

(Other) Convert to Water Injection ☒

(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 water injection service, we propose to perform the following operations:

1. Pull tubing.
2. Clean out with sand pump to TD of 3193'.
3. Run cement lined tubing and tension packer. Set tension packer in 5 1/2" casing at approximately 2930'. (5 1/2" casing is set at 2981' and a 4" O.D. slatted liner is from 2951'-3193'.)
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 20, 1971.

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

SIGNED Arthur R. Brown TITLE District Manager

DATE June 28, 1971

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

APPROVED

JUN 29 1971

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

RECEIVED

JUL 6 1971

OIL CONSERVATION COMM.  
HOBBS, N. M.