

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE\*  
(Other instructions on reverse side)

Form approved.  
Budget Bureau No. 42-R1124.



00620152

NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a ~~drill~~ <sup>Refracture</sup> ~~well~~ <sup>well</sup>.  
Use "APPLICATION FOR PERMIT—" for such proposals.)

RECEIVED

1. OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection</b>		MAR 13 1968	
2. NAME OF OPERATOR <b>PAM AMERICAN PETROLEUM CORPORATION</b>		8. FARM OR LEASE NAME <b>COLO. OIL &amp; GAS CONS. COMM.</b>	
3. ADDRESS OF OPERATOR <b>501 Airport Drive, Farmington, New Mexico 87401</b>		9. WELL NO. <b>7</b>	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface  <b>600' FSL &amp; 2040' FWL</b>		10. FIELD AND POOL, OR WILDCAT <b>Cacha</b>	
14. PERMIT NO. <b>64 600</b>		15. ELEVATIONS (Show whether DF, RT, GR, etc.) <b>4906' Gr.</b>	
		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <b>SW/4 Section 35, T-35-N, R-20-W</b>	
		12. COUNTY OR PARISH <b>Montezuma</b>	
		13. STATE <b>Colorado</b>	

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 checked="" type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <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.)\*

It is planned to convert the well to water injection as follows:

1. Pull rods, pump, and tubing.
2. Run Baker Model "N" packer to be set at 5460'.
3. Load annulus with treated water and test with 500 psi.
4. Acidize perforations 5528-62', 5585-5610' with 2000 gallons 28% HCl.
5. Put well on injection.

DWR	
FJP	✓
HFM	✓
JAM	✓
JTB	✓

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

SIGNED Lloyd E. Chism TITLE Petroleum Engineer DATE March 11, 1968

(This space for Federal or State office use)

APPROVED BY [Signature] TITLE Director DATE MAR 15 1968

CONDITIONS OF APPROVAL, IF ANY: