

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on reverse 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. <input type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection Well</u>		5. LEASE DESIGNATION AND SERIAL NO. <u>LC-069515</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>P.O. Box 460, Hobbs, New Mexico 88240</u>		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <u>660' F54 & 660' FEL of Sec. 25</u>		8. FARM OR LEASE NAME <u>North El Mar Unit</u>
14. PERMIT NO.		9. WELL NO. <u>31</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3113' DF</u>		10. FIELD AND POOL, OR WILDCAT <u>El Mar Reservoir</u>
16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 25 T-26 S-32 E</u>
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.)*		12. COUNTY OR PARISH <u>Red</u>
		13. STATE <u>N. Mex.</u>

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐
FRACTURE TREAT ☐
SHOOT OR ACIDIZE ☐
REPAIR WELL ☐

PULL OR ALTER CASING ☐
MULTIPLE COMPLETE ☐
ABANDON* ☐
CHANGE PLANS ☐

(Other) Convert to Injection ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐
FRACTURE TREATMENT ☐
SHOOTING OR ACIDIZING ☐

REPAIRING WELL ☐
ALTERING CASING ☐
ABANDONMENT* ☐

(Other) ☐

(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 proposed to convert this well to injection by:

1. Pulling producing equipment from well.
2. Clean out any fill above 4,644' to TD 4,683'.
3. Run cement lined tubing with packer; packer to be set at \pm 4,580'.
4. Well to be placed on injection.

This waterflood authorized by N.M.D.C.C. Orders no. R-4629 & R-4630; both orders dated 9-13-73.

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

SIGNED

Robert Gault III

TITLE

Division Office Manager

DATE

3-14-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

*See instructions on Reverse Side

USBS/S, Partners-15, File