

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-030139(6)

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 GAS WELL

OTHER

Water Injection Well

2. NAME OF OPERATOR

CONTINENTAL OIL COMPANY

3. ADDRESS OF OPERATOR

P. O. Box 460, Hobbs, N.M. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FNL & 1980' FEH of Sec. 26

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

3374' DF

7. UNIT AGREEMENT NAME

Roughie Lynn

8. FARM OR LEASE NAME

Queen Roughie Lynn Unit

9. WELL NO.

14

10. FIELD AND POOL, OR WILDCAT

Queen Roughie Lynn

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA

Sec. 26 T-23S R-36E

12. COUNTY OR PARISH

Lea

13. STATE

N. Mex.

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

Completion to Injection X

(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.)*

Produced tubing, set CIBP at 3,605'. Perf. w/1 JSFF at 3,474', 80', 95', 3,515', 19', 27' & 3,535'. Grouted perfor with 2,500 gal. 15% HCl acid. Swabbed well. Ran 2 3/8" plastic lined tubing and packer; packer set @ 3,438'. Placed well on injection.

Dates: started 5-4-74, completed 5-7-74

This waterflood approved by N.M.O.C.C. Order R-4417

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

SIGNED

[Signature]

TITLE Division Office Manager

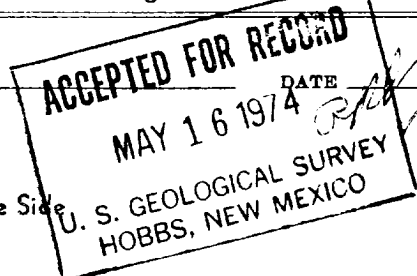
DATE 5-15-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE



*See Instructions on Reverse Side

USGS-5, Partners-7, File