

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)

Form approved.  
Budget Bureau No. 42-R1421

5. LEASE DESIGNATION AND SERIAL NO. **2C 029509 (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  GAS WELL  OTHER  **Water Injection Well**

2. NAME OF OPERATOR  
**Continental Oil Company**

3. ADDRESS OF OPERATOR  
**Box 460, Hobbs, New Mexico**

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface  
**1980' FSL & EL of Sec. 22, T-175, R-32E  
in Lea County, N. Mex.**

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3993' DF**

7. UNIT AGREEMENT NAME  
**NACA**

8. FARM OR LEASE NAME  
**NACA Unit 1**

9. WELL NO.  
**74**

10. FIELD AND POOL, OR WILDCAT  
**Maljman Reservoir  
G-SAR**

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
**Sec. 22, T-175, R-32E**

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:		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 type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>	(Other) <b>Convert to water inj.</b> <input checked="" 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.)\*

*This well was converted to water injection by the following procedure. Verbal approval was given to convert this well by Mr. Gordon on 2-17-69.*

*Ran GR/N & Caliper log from 4081' to 3008'. Ran 2 7/8" cement lined tubing with packer. Displaced annulus with treated water and set packer at 3540'. Injected 960 bbls. water in 24 hrs. with 650# well head pressure.*

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

SIGNED *M. E. Yeakley* TITLE Administrative Section Chief DATE 4-16-69

(This space for Federal or State office use)

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

**APPROVED**

\*See Instructions on Reverse Side APR 1 1969

J. L. GORDON  
ACTING DISTRICT ENGINEER