

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPlicate
(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. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/>		5. LEASE DESIGNATION AND SERIAL NO. LC 058697 B	
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME MCA Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FNL & FWL, Sec. 30-17-33, Lea County, New Mexico		8. FARM OR LEASE NAME MCA Unit Battery 4	
14. PERMIT NO.		9. WELL NO. 135	
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4062' G.L.		10. FIELD AND POOL, OR WILDCAT Mall. Repress. (G-SA) Pool	
		11. SEC., T., E., M., OR BLK. AND SURVEY OR AREA 30-17-33	
		12. COUNTY OR PARISH Lea	13. STATE N.M.

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) Convert to wtr. inj. <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.)*

Work to convert this well to injection began 9-7-67. Pulled tubing and packer. Found fill at 4190'. While attempting to clean out, fluid circulated out of surface casing. Ran 7" packer and located holes between 61-737'. Ran and set packer at 737' with 20 joints tail pipe. It is now proposed to repair casing in the following manner:

- (1) Set retrievable bridge plug at 2000'.
- (2) Displace with gelled salt water to 1500'.
- (3) Cut casing at 1230' and circulate mud around.
- (4) Pull casing; dress off cut casing in hole.
- (5) Run casing bowl and tie-in to cut off casing.
- (6) Circulate out gelled salt water and continue with procedure to clean out and run cement-lined tubing.

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

SIGNED [Signature] TITLE Assistant Division Manager DATE 9-21-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE APPROVED

CONDITIONS OF APPROVAL, IF ANY:

USGS-5

PARTNERS-15

FILE

SEP 21 1967

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER