

UNITED STATES  
DEPARTMENT OF THE INTERIOR

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

Form approved.  
Budget Bureau No. 42-R1424.

GEOLOGICAL SURVEY

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, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\* See also space 17 below.)  
At surface  
660' P.S. & 1980' FWL, Section 3, T-20S, R-35E, Lea County, New Mexico

5. LEASE DESIGNATION AND SERIAL NO.  
100-300143 (4)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
Field Sanderson Unit

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT  
Field Sanderson Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA  
Sec. 3, T-20S, R-35E

12. COUNTY OR PARISH  
Lea

13. STATE  
N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, OR, etc.)  
3927 D.F.

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) <input checked="" type="checkbox"/> Convert to injection well	

(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.)\*

The subject well was converted to water injection as outlined below:

1. Ran bit and cleaned out 3867-3945'.
2. Perf 5 1/2" casing 3914-20' and 3907-32' w/1 3/8".
3. Ran packer set at 3910.
4. Acidized perfs 3914-20' and 3907-32' with 500 gal. 15% HCl.
5. Ran 120' 3/8" (3697') 2 3/8" OD cement-lined tubing with packer set at 3708'. Placed on injection.

On test 6-17-67, injected 748 barrels of water in 24 hrs. at 1000 pounds pressure.

Workover started 5-26-67. Completed 5-29-67.

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

SIGNED Jose D. Harts TITLE Superintendent Engineer DATE 6-27-67

(This space for Federal or State office use)

APPROVED BY \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

**APPROVED**

JUN 28 1967

\*See Instructions on Reverse Side  
J L GORDON  
ACTING DISTRICT ENGINEER