

**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  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' FSL & 2310' FEL, Section 3, T-20S, R-36E, Lea County, New Mexico.**

14. PERMIT NO. \_\_\_\_\_ 15. ELEVATIONS (Show whether DF, RT, GR, etc.)  
**3619' D. F.**

5. LEASE DESIGNATION AND SERIAL NO.  
**LC 030143 (a)**

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME  
**Feed-Sanderson Unit**

9. WELL NO.  
**12**

10. FIELD AND POOL, OR WILDCAT

11. SEC. T. R. M. OR BLK. AND SURVEY OR AREA  
**2 20S R-36E**

12. COUNTY OR PARISH  
**N.M.**

18. 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"/>	FULL OR ALTER CASING <input type="checkbox"/>	WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETION <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) <u>Convert to Water Injection</u> <input checked="" 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 estimate, 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 using the following procedure:

1. Ran 120 joints (3686') 2 3/8" O.D. cemented casing w/packer set at 3698'.
2. Placed well on water injection.

On test 6-16-67, injected 617 B.W. in 24 hours at 900 pressure.

Work started 6-13-67. Complete 6-14-67.

**APPROVED**  
**JUN 26 1967**  
**J L GORDON**  
**ACTING DISTRICT ENGINEER**

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

SIGNED J. L. Gordon TITLE District Engineer DATE 6-20-67

(This space for Federal or State office use)

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

USGS-5 ATL-Ros-2 CHEV-Mid-2 PAN AM-Hobbs-2 FILE

\*See Instructions on Reverse Side