

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN  
(Other Inst.  
verse side)

Form Approved  
Budget Bureau No. 42-F1121  
5. LEASE DESIGNATION AND SERIAL NO.

LC-064832

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 type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <i>Water Injection</i>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>Donohue</i>
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>3</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1650' FSL &amp; EL of Sec. 34, T-16S, R-29E in Eddy County, New Mexico.</i>	10. FIELD AND POOL, OR WILDCAT <i>Forest Pool</i>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 34 T-16S, R-29E</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3663' DF</i>	12. COUNTY OR PARISH <i>Eddy</i>
	13. STATE <i>N. Mex.</i>

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 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.)\*

*Commence injection 8-10-69*

RECEIVED

AUG 29 1969

O. C. C.  
ARTESIA, OFFICE

RECEIVED  
AUG 28 1969  
U. S. GEOLOGICAL SURVEY  
ARTESIA, NEW MEXICO

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

SIGNED *M. E. Yeakley*

TITLE *Administrative Section Chief* DATE *8-25-69*

(This space for Federal or State office use)

APPROVED BY  
CONDITIONS OF APPROVAL ANY:

TITLE DATE

ACCEPTED FOR RECORD PURPOSES ANY:  
AUG 28 1969  
Date  
ACTING District Engineer

\*See Instructions on Reverse Side