

N. M. O. C. G. CON. UPLICATE
UNITED STATES OF THE INTERIOR
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCopy to 37.
Form approved
Budget Bureau No. 42-R1421

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>	5. LEASE DESIGNATION AND SERIAL NO. <i>LC-063496</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>	7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>2120' FSL & 520' FWL of Sec. 35, T-16S, R-29E in Eddy County, New Mexico</i>	8. FARM OR LEASE NAME <i>Heard</i>
14. PERMIT NO.	9. WELL NO. <i>1</i>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <i>3655' DF</i>	10. FIELD AND POOL, OR WILDCAT <i>Farrest Pool</i>
	11. SEC., T., E., M., OR BLE, AND SURVEY OR AREA <i>Sec. 35, T-16S, R-29E</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:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) ☐PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☒REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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, OFFICERECEIVED
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, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES
AUG 28 1969
Date
ACTING District Engineer

*See Instructions on Reverse Side