

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYCOPY
SUBMIT IN TRIPPLICATE*
(Other instruct on re-
verse side)Copy to D.O.
Form approved.
Budget Bureau No. 42-R1421.
5. LEASE DESIGNATION AND SERIAL NO.
LC-037777(6)
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

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"/> Water Injection	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Lewers B
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240	9. WELL NO. 4
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 651' FNL & 517' FWL of Sec. 35, T-16S, R-29E in Eddy County, New Mexico.	10. FIELD AND POOL, OR WILDCAT Forest Pool
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 35, T-16S, R-29E
15. ELEVATIONS (Show whether DF, RT, CR, etc.) 3666' DF	12. COUNTY OR PARISH Eddy
	13. STATE N. Mex.

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF <input type="checkbox"/>	FULL OR ALTER CASING <input type="checkbox"/>
FRACTURE TREAT <input type="checkbox"/>	MULTIPLE COMPLETE <input type="checkbox"/>
SHOOT OR ACIDIZE <input type="checkbox"/>	ABANDON* <input type="checkbox"/>
REPAIR WELL <input type="checkbox"/>	CHANGE PLANS <input type="checkbox"/>
(Other) <input type="checkbox"/>	

SUBSEQUENT REPORT OF:

WATER SHUT-OFF <input type="checkbox"/>	REPAIRING WELL <input type="checkbox"/>
FRACTURE TREATMENT <input type="checkbox"/>	ALTERING CASING <input type="checkbox"/>
SHOOTING OR ACIDIZING <input type="checkbox"/>	ABANDONMENT* <input type="checkbox"/>
(Other) <input checked="" type="checkbox"/> Convert to Water Inj.	

(NOTE: Report results of multiple completion on Well Completion or Recombination 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.)*

Ran 2" cement lined tubing with packer and tailpipe. Set tubing w/ packer at 2441', with bottom of tailpipe at 2628'. Tested by injecting 575 barrels water in 24 hours at 1030#

Commission Order No. R-3756 Authorized us to inject into the Forest Pool.

RECEIVED

AUG 13 1969

ARTESIA, NEW MEXICO

RECEIVED
AUG 14 1969

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

SIGNED

M. E. YeakleyTITLE **Administrative Section Chief**DATE **8-13-69**

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE **AUG 14 1969**

Artesia
USGS - 5
File

*See Instructions on Reverse Side