

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)Form approved by  
Budget Bureau No. 42-E1424

## 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"/> <u>Water Injection</u>	5. LEASE DESIGNATION AND SERIAL NO. <u>LC 037777(6)</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>	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 <u>651' FNL &amp; 517' FWL of Sec. 35, T-16S, R-29E in Eddy County, New Mexico</u>	8. FARM OR LEASE NAME <u>Levers B</u>
14. PERMIT NO.	9. WELL NO. <u>4</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>3666' DF</u>	10. FIELD AND POOL, OR WILDCAT <u>Forest Pool</u>
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 35, T-16S, R-29E</u>
	12. COUNTY OR PARISH <u>Eddy</u> 13. STATE <u>N. Mex.</u>

## 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 injections 8-10-69. Ran GR/NF  
Caliper log.

RECEIVED

AUG 29 1969

O. C. C.  
ARTESIA, OFFICERECEIVED  
AUG 23 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 8-23-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

ACCEPTED FOR RECORD PURPOSES  
AUG 28 1969

ACTING

District Engineer

\*See Instructions on Reverse Side