

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

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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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> Water Injection Well	5. LEASE DESIGNATION AND SERIAL NO. LC 028480 (b)
2. NAME OF OPERATOR Continental Oil Company	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico	7. UNIT AGREEMENT NAME Cave Pool
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1650' FSL & 990' FWL of Sec. 5, T-17, R-29 Eddy County, New Mexico, NMPM.	8. FARM OR LEASE NAME Cave Pool Unit
14. PERMIT NO.	9. WELL NO. 51
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3649 DF	10. FIELD AND POOL, OR WILDCAT Cave Pool Unit Field Cave Pool
	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec. 5, T-17, R-29
	12. COUNTY OR PARISH Eddy
	18. STATE N.M.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF	<input type="checkbox"/>	PULL OR ALTER CASING	<input type="checkbox"/>
FRACTURE TREAT	<input type="checkbox"/>	MULTIPLE COMPLETION	<input type="checkbox"/>
SHOOT OR ACIDIZE	<input type="checkbox"/>	ABANDON*	<input type="checkbox"/>
REPAIR WELL	<input type="checkbox"/>	CHANGE PLANS	<input type="checkbox"/>
(Other) Convert to Water Injection	<input checked="" 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 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.) *

It is proposed to convert subject well to water injection by using the following procedure:

1. Pull rods and tubing.
2. Run 2 3/8" tubing in hole and tag bottom.
3. Pull tubing and re-run with 7" packer set at 2000'.
4. Pressure up on casing to 2000# for 15 min.
5. Pull tubing.
6. Install injection head.

Rec'd
JAN 4 1964

RECEIVED
DEC 30 1964
U.S. GEOLOGICAL SURVEY
ARTESIA, NEW MEXICO

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

SIGNED _____ TITLE Staff Supervisor DATE 12-29-64

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____
COMMISSIONS OF APPROVAL, IF ANY:

ADDRESS
DEC 31 1964
U.S. GEOLOGICAL SURVEY
H. L. MOCC-2 Partners -11
DISTRICT ENGINEER

*See Instructions on Reverse Side