

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPL  
(Other instructions  
verse side)FE-  
re-Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC-061842

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 ☐GAS  
WELL ☐

OTHER

WATER INJECTION WELL

2. NAME OF OPERATOR

CONTINENTAL OIL CO.

3. ADDRESS OF OPERATOR

BOX 460 HOBBS, N. MEX. 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)

At surface

2030' FNL &amp; 660' FEL of Sec. 14, T-17S,

R-32E, LEA COUNTY, N. MEX.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

4097 DF

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

MILLER BX

9. WELL NO.

3

10. FIELD AND POOL, OR WILDCAT

MALJAMAR G-SA BE?

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

SEC. 14, T-17S, R-32E

12. COUNTY OR PARISH

LEA

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 ☐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) CONVERT TO WATER INJ. ☒(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT\* ☐

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.)\*

This well was converted to water injection by the following procedure.

Pulled rods & tubing. Ran 2 7/8" OD cement lined tubing with packer. Set packer at 3945' and placed well on injection 9-8-69. Tested injection rate - injected 420 BW with 0 pressure in 24 hrs.

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

SIGNED

M. E. Gordon

TITLE

Adm. Section Chief

DATE

9-16-69

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

SEP 17 1969

\*See Instructions on Reverse Side

J. L. GORDON  
ACTING DISTRICT ENGINEER

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE  
(Other instructions on re-  
verse side)Form Approved  
Budget Bureau No. 42-31424  
5. LEASE DESIGNATION AND SERIAL NO.LC-061842  
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.)

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT

11. SEC., T., R., M., OR BLK. AND  
SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

1. OIL WELL ☒ GAS WELL ☐ OTHER

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*  
See also space 17 below.)  
At surface

2030' FNL 4660' FEL of Sec. 14, T-17S,

R-32E, in Lea County, N. Mex.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, Gr, etc.)

4097 DF

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) *Converts to water chg.*

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.)

It is proposed to convert this well to water  
injection by the following procedures.

Clean out to 4340'. Run 2 7/8" OD cement-lined  
tubing with packer, and set packer at approx.  
3950. Place well on injection.

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

SIGNED

*M. E. Yeakley*

TITLE Administrative Section Chief DATE 5-14-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

MAY 15 1969

ARTHUR R. BROWN  
DISTRICT ENGINEER

\*See Instructions on Reverse Side

NUMBER OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL GAS
PRODUCTION OFFICE	
OPERATOR	

NEW MEXICO OIL CONSERVATION COM SION SANTA FE, NEW MEXICO <b>CERTIFICATE OF COMPLIANCE AND AUTHORIZATION          TO TRANSPORT OIL AND NATURAL GAS</b>	<b>FORM C-110</b> (Rev. 7-60) HOBBS OFFICE O. C. C. JAN 6 11 33 AM '64
FILE THE ORIGINAL AND 4 COPIES WITH THE APPROPRIATE OFFICE	

Company or Operator <b>Continental Oil Company</b>				Lease <b>Miller BX</b>		Well No. <b>3</b>	
Unit Letter <b>H</b>	Section <b>14</b>	Township <b>17S</b>	Range <b>32E</b>	County <b>Lea</b>			
Pool <b>Maljamar</b>				Kind of Lease (State, Fed, Fee) <b>Federal</b>			
If well produces oil or condensate give location of tanks			Unit Letter <b>H</b>	Section <b>14</b>	Township <b>17S</b>	Range <b>32E</b>	
Authorized transporter of oil <input checked="" type="checkbox"/> or condensate <input type="checkbox"/> <b>Texas-New Mexico Pipe Line Company</b>				Address (give address to which approved copy of this form is to be sent) <b>Box 1510, Midland, Texas</b>			
Is Gas Actually Connected? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
Authorized transporter of casing head gas <input checked="" type="checkbox"/> or dry gas <input type="checkbox"/> <b>Continental Oil Company</b> <b>Maljamar Gasoline Plant No. 60</b>			Date Con- nected <b>NA</b>	Address (give address to which approved copy of this form is to be sent) <b>Box 460, Hobbs, New Mexico</b>			

If gas is not being sold, give reasons and also explain its present disposition:

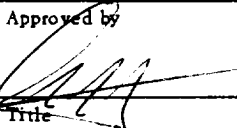
**REASON(S) FOR FILING (please check proper box)**

New Well ..... ☐      Change in Ownership ..... ☐  
 Change in Transporter (check one)      Other (explain below) ☒  
     Oil ..... ☐      Dry Gas ..... ☐      **To record Continental Oil as gas**  
     Casing head gas . ☐      Condensate . . ☐      **transporter.**

Remarks

The undersigned certifies that the Rules and Regulations of the Oil Conservation Commission have been complied with.

Executed this the 30th day of December, 1963.

OIL CONSERVATION COMMISSION		By
Approved by		Title <b>Assistant District Manager</b>
Title		Company <b>Continental Oil Company</b>
Date	Address <b>Box 460, Hobbs, N. M.</b>	