

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1424
5. LEASE DESIGNATION AND SERIAL NO.

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 ☒ <u>water injection well</u>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <u>Continental Oil Company</u>	8. FARM OR LEASE NAME <u>Miller BX</u>
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>6</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1980' FSL & EL of Sec. 14, T-17S, R-32E,</u> <u>in Lea County, N. Mex.</u>	10. FIELD AND POOL, OR WILDCAT <u>Malinas C-SA Region</u>
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <u>Sec. 14, T-17S, R-32E</u>
15. ELEVATIONS (Show whether DF, RT, CR, etc.) <u>4074' DIF</u>	12. COUNTY OR PARISH <u>Lea</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) Convert to water inj. ☒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.)

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

Ran 4 1/2" tension packer on 2 3/8" cement lined tubing. Displaced annulus with treated water and set packer at 3960'. Test injection on 9-6-69 - 450 BW in 24 hrs. with 0 pressure.

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

SIGNED

M. E. HeasleyTITLE Administrative Section Chief DATE 9-8-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

SEP 10 1969