

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE
(Other instructions on reverse side)Form approved
Budget Bureau No. 42-11421

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 ☐	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR Continental Oil Company	8. FARM OR LEASE NAME Miller BX
3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico	9. WELL NO. 6
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FSL & 1980' FEL of Sec. 14, T-17S, R-32E, in Lea County, N. Mex.	10. FIELD AND POOL, OR WILDCAT Miller G-5A R-32E
14. PERMIT NO.	11. SEC., T., R., M., OR BLK. AND SUEVEY OR AREA Sec. 14, T-17S, R-32E
15. ELEVATIONS (Show whether DT, RT, Cr, etc.) 4074' DF	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) Convert to water inj. ☒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 4300'. Run 2 3/8" OD cement-lined tubing with packer, and set packer at approx 3975'. 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

*See Instructions on Reverse Side

