

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPL
(Other instructions
verse side)

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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 ☒ <i>water injection well</i>	7. UNIT AGREEMENT NAME <i>MCA</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. NAME OR LEASE NAME <i>MCA Unit Rt. 5</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hoboken, N. Mex.</i>	9. WELL NO. <i>1</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>690' FNL + 1930' FEL, Section 17, T-17S, R-32E, Deer County, N. Mex.</i>	10. FIELD AND POOL, OR WILDCAT <i>Wagon Wheel Pool, 1930'</i> <i>(Old) Pool</i>
14. PERMIT NO.	11. SEC., T., E., M., OR BLK. AND SUEVEZ OR AREA <i>Section 17, T-17S, R-32E</i>
15. ELEVATIONS (Show whether DP, RT, GR, etc.) <i>4047' DF</i>	12. COUNTY OR PARISH <i>Dea</i>
	13. STATE <i>N. Mex.</i>

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

NOTICE OF INTENTION TO:		SUBSEQUENT REPORT OF:	
TEST WATER SHUT-OFF ☐	PULL OR ALTER CASING ☐	WATER SHUT-OFF ☐	REPAIRING WELL ☐
FRACTURE TREAT ☐	MULTIPLE COMPLETION ☐	FRACTURE TREATMENT ☐	ALTERING CASING ☐
SHOOT OR ACIDIZE ☐	ABANDON* ☐	SHOOTING OR ACIDIZING ☐	ABANDONMENT* ☐
REPAIR WELL ☐	CHANGE PLANS ☐	(Other) <i>Convert to water inj.</i> ☒	

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 a water injection well by the following procedures:

*Run 2 3/8" OD cement lined tubing and packer.
Set packer at 3577' and place well on injection
8-13-68.*

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

SIGNED *M. E. Haskins* TITLE *Acting Section Chief* DATE *11-19-68*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

NOV 21 1968

*See Instructions on Reverse Side

J. L. GORDON
ACTING DISTRICT ENGINEER