

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on reverse side)Form approved.
Budget Bureau No. 42-R1914.
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>Injection Well</i>	7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>Wm Mitchell B</i>
3. ADDRESS OF OPERATOR <i>Box 460 Hobbs, N. Mex.</i>	9. WELL NO. <i>7</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements* See also space 17 below.) At surface <i>1980' FSL + 660' FEL, sec. 17, T-175, R-32E, Lea county, N. Mex.</i>	10. FIELD AND POOL, OR WILDCAT <i>Malgamon Repriss (G.S.A.) Pool</i>
14. PERMIT NO.	11. SEC., T., E., N., OR R.M. AND SURVEY OR AREA <i>Sec. 17, T-175, R-32E</i>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>1008' DF</i>	12. COUNTY OR PARISH <i>Lea</i>
	13. STATE <i>N. Mex.</i>

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 a water injection*

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.)*

The well was converted to an injection well by the following procedure:

- 1) Ran 2 3/8 cement-lined tubing with packer.
- 2) Displaced annulus with treated water and set Packer at 3736'.
- 3) Placed on injection 9-7-68

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

SIGNED

M. E. Kelley

TITLE

Adm. Section Chief

DATE

9-9-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED DATE

SEP 16 1968

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER