

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(*Other instructions on re-
verse side)Form approved.
Budget Bureau No. 42-R1444

5. LEASE DESIGNATION AND SERIAL NO.

LC 029405 6

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Wm Mitchell B

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Malgoma Repress
GSA Pool11 SEC., T., E., M., OR BLK. AND
SURVEY OR AREA

Sec. 17, T-17S, R-32E

1.

OIL WELL ☐ GAS WELL ☐ OTHER ☒ Injection Well

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460 Hobbs, N. Mex.

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

At surface

1980' FSL + 1980' FFL, section 17, T-17S, R-32E,
Lea County, N. Mex.

14. PERMIT NO.

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

4012' 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

☐

PULL OR ALTER CASING

☐

FRACTURE TREAT

☐

MULTIPLE COMPLETE

☐

SHOOT OR ACIDIZE

☐

ABANDON*

☐

REPAIR WELL

☐

CHANGE PLANS

☐

(Other)

☐

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☐

REPAIRING WELL

☐

FRACTURE TREATMENT

☐

ALTERING CASING

☐

SHOOTING OR ACIDIZING

☐

ABANDONMENT*

☐

(Other) Convert to water injection

☒(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 a water injection by the following procedure:

- 1) Ran 2 3/8" cement-lined tubing with packer.
- 2) Replaced annulus with treated water, and set packer at 3707'.
- 3) Placed well on injection 9-6-68.

2861-5
18. I hereby certify that the foregoing is true and correct

SIGNED

M. E. Healy

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