Form 9-331 (May 1963)

16.

SUBMIT IN TRIPLICATE® (Other instructions re-UNITED STATES

		Budge	t Bure	eu. au No	o. 42-R	1424
5.	LEASE	DESIG	NATION	AND	BERIAL	NO.

GEOLOGICAL SURVEY	0. BEASE DESIGNATION AND DEFINE NO.
SUNDRY NOTICES AND REPORTS ON WELLS (Do not use this form for proposals to drill or to deepen of the proposals to drill or to deepen of the proposals to drill or to deepen of the proposals.)	6. IF INDIAN, ALLOTTEE OR TRIBE NAME
OIL X GAS WELL OTHER	7. UNIT AGREEMENT NAME MCA 8. FARM OR LEASE NAME
Continental Oil Company ADDRESS OF OPERATOR	MCA Unit Battery 2 He
P.O. Box 460. Hobbs. New Mexico	70 sh-Malj-Pearsall Field
1980' FSL & 1980' FEL of Sec. 21, T-21S, R-32E,	Maljamar Pool 11. sec., T., R., M., OR BLE. AND SURVEY OR AREA
Lea County, New Mexico, NMPM.	S-21, T-17S, R-32E 12. COUNTY OR PARISH 13. STATE
14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4044 DF	Lea N.M.

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 FRACTURE TREAT MULTIPLE COMPLETE SHOOT OR ACIDIZE ABANDON*	WATER SHUT-OFF FRACTURE TREATMENT SHOOTING OR ACIDIZING ABANDONMENT®		
CHANGE PLANS (Other) Convert to water injection X	(Other) (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 sones pertinent to this work.) •

In connection with the MCA Unit Waterflood it is proposed to convert the subject well to water injection using the following procedure:

- Clean out to PBD of 4086' or to TD of 4144' if possible to obtain circulation.
- Set 2 3/8" tubing W/retrievable packer at approx. 3700'.
- Connect up well for water injection down tubing.

The USGS office in Roswell has granted approval for this conversion. Your approval to the above work is requested.

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18. I hereby certify that the foregoing is true and corres	ct / TITLE	Staff Supervisor	DATE 7-15-65
(This space for Federal or State office use)			DATE
APPROVED BY	TITLE NY:	APP	JATE

PARTNERS -12 USGS-5, NMOCC-2, LPT, *See Instructions on Reverse Side