

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)

Form approved.
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

LC 029509 A

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. ☐ WELL ☐ GAS WELL ☐ OTHER **Injection Well** **Nov 16 2 44 PM '65**

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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

At surface

660' FWL & 660' FWL of Section 21, T-17S,
R-32E, Lea County, New Mexico.

7. UNIT AGREEMENT NAME

MOA

8. FARM OR LEASE NAME

MOA Unit

9. WELL NO.

26

10. OWNER AND TYPE OF WELL

Baish-Pa-Long Pecosall Fld.

11. SECTION, T., M., OR BLK. AND
SURVEY OR AREA

21-17S-32E

12. COUNTY OR PARISH 13. STATE

Lea

N.M.

14. PERMIT NO.

15. ELEVATIONS (Show whether EF, ST, GS, etc.)

4054 DF

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) Cleanout to PBD ☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐

REPAIRING WELL ☐

FRACTURE TREATMENT ☐

ALTERING CASING ☐

SHOOTING OR ACIDIZING ☐

ABANDONMENT* ☐

(Other) ☐

(NOTE: Report results of multiple completion or 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 perti-
nent to this work.)*

Because of sand fill we respectfully request permission

to cleanout subject well to PBD of 4,138' from bottom 4,105 and connect
up for water injection. TD 4,145.

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

SIGNED

TITLE Staff Supervisor

DATE 11-11-65

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5, File-1

*See instructions on Reverse Side

APPROVED

NOV 15 1965

J. L. GORDON
ACTING DISTRICT ENGINEER