		<i>∵</i> •		
	L ED STATI DEPARTME OF THE GEOLOGICAL SU	INTERIOR (Other instruction verse side)	5. LEASE I	Form approved. Budget Bureau No. 42-R1424. DESIGNATION AND SERIAL NO. 509 (a) AN. ALLOTTEE OR TRIBE NAME
(Do not use this for	RY NOTICES AND OREF rm for proposals to drill or to deep Juse "APPLICATION FOR PERMIT—	on or ning back to a different reserve	oir.	
OIL GAS WELL WELL	OTHER X Water I	njection		GREEMBNT NAME.
2. NAME OF OPERATOR			8. FARM O	DE LEASE NAME
Continental Oil Company				A No.
8. ADDRESS OF OPERATOR				
Box 460, Hobbs, New Mexico 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. •				AND POOL, OR WILDCAT
See also space 17 below.)				Yates
2310° PNL & 990° FEL				T., R., M., OR BLK. AND
Sec. 21-17S-32E, Lea County, New Mexico, NMPM				7S-32E
14. FERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)				TY OR PARISH 18. STATE
	4039	DF	Lea	New Mexic
16.	Check Appropriate Box To	Indicate Nature of Notice, Re		•
NO	TICE OF INTENTION TO:		SUBSEQUENT REPORT	r or:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF		REPAIRING WELL
FRACTURE TREAT	MULTIPLE COMPLETE	FRACTURE TREAT	MENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON*	BHOOTING OR ACI	DIZING	ABANDONMENT*
REPAIR WELL	CHANGE PLANS	(Other)	port results of multiple	completion on Well
(Other) I	nject Propane	Completion early pertinent details, and give pertinent details det	or Recompletion Repor	rt and Log form.)
proposed work. If work.) *	order No. R-2566 gave	approval to inject was		2 · · · · · · · · · · · · · · · · · · ·
In orde	r to increase injecti	vity capacity, it is p	proposed to in	nject propane into
	j.			Table and the control of the control
(1) Co (2) In	iject slugs of water a	ty test (500-1000 bbl and propane until a to been injected.	tal of 5000 bl	.처럼 : 영 환불증표
(3) In	iject slugs of gas & w	ater until a total of	9 MMCF gas 6	900 bbls ot
wa (4) P1	iter have been injecte lace on waterflood as	d. previously approved b	y above order	• 100 Page 1
Your approval to do the above work is requested.			A With	
		•	Company of the compan	des val i vo ca de la cada de la
18. I hereby certify that	the foregoing is true and correct		÷. 1	
SIGNED		TITLE Assistant Distric	t Manager DA	7-27-64
(This space for Feder	al or State office use)	\	• .	
APPROVED BY		TITLE	TA	ATB
CONDITIONS OF AP				DOVED

*See Instructions on Reverse Side

APPROVED

JUL 29 1964

A. R. BROWN

DISTRICT ENGINEER