

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TWO COPIES
(Other Instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424

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.)

5. LEASE DESIGNATION AND SERIAL NO.
LC 058697

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

1. OIL WELL ☐ GAS WELL ☒ OTHER Water injection

2. NAME OF OPERATOR Continental Oil Company 21

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 FWH + 660 FWH, Section 25, T-17S, R-32E, Lea County New Mexico

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)
41017 DF

7. UNIT AGREEMENT NAME
MCA

8. PAEM OR LEASE NAME
MCA Unit Bly 4

9. WELL NO.
127

10. FIELD AND POOL, OR WILDCAT
Water injection

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec. 25, T-17S, R-32E

12. COUNTY OR PARISH
Lea

13. STATE
N.M.

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) Correct & Withdrawal

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.)

Clear cut from 4112-4198. Run GR log from TB 4198-3300. Run cement liner. Backerbit @ 3723. Circulate well on injection. Tested 2-16-68. Inject 400 BW @ 30th in 24 hrs.

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

SIGNED Robert G. Gault

TITLE Section Chief

DATE 4-25-68

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

DATE

*See Instructions on Reverse Side

J. L. GORDON
REGIONAL DISTRICT ENGINEER