

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse side)Form approved.
Budget Bureau No. 12 R1424.
5. LEASE DESIGNATION AND SERIAL NO.

L.C. 058697 (b)

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. OIL WELL ☐ GAS WELL ☐ OTHER ☒ <i>Water Injection</i>	7. UNIT AGREEMENT NAME <i>mca</i>
2. NAME OF OPERATOR <i>Continental Oil Company</i>	8. FARM OR LEASE NAME <i>mca Unit Bldg. 4</i>
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>139</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <i>1980' FNL + 1980' FWH, Section 25, T-17S, R-32E, See County, New Mexico</i>	10. FIELD AND 1001, OR WILDCAT <i>Magnum Ripley (Chad) Pool</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether LF, RT, OR, etc.) <i>4006' DF</i>
	12. COUNTY OR PARISH <i>See</i>
	13. STATE <i>N.M.</i>

16. 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) *Convert to Water Inject.* ☒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.)

To convert the well to water injection the well was cleaned out to 4232, ran Gamma Ray - Neutron log 3224 - 3100 and ran cement lined tubing with packer set at 3845. Placed well on injection.

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

SIGNED

TITLE

DATE

(This space for Federal or State office use)

APPROVED

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

MAR 11 1968

USBS-5 Partners-15 file

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER