

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE  
(Other Instructions on Reverse Side)

Form approved  
by Dept. of No. 12 R1121  
5. PLACED IN DESIGNATION AND SERIAL NO.  
**1.C 0586987(6)**  
6. IF INDIAN, ALIQUOT OF 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 <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input checked="" type="checkbox"/> <b>Water Injection</b>                                                                               | 7. UNIT AGREEMENT NAME<br><b>MCA</b>                                          |
| 2. NAME OF OPERATOR<br><b>Continental Oil Company</b>                                                                                                                                                                 | 8. FARM OR LEASE NAME<br><b>MCA Unit #4</b>                                   |
| 3. ADDRESS OF OPERATOR<br><b>Box 460, Hobbs, New Mexico 88240</b>                                                                                                                                                     | 9. WELL NO.<br><b>131</b>                                                     |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br>At surface<br><b>660' FNL + 1980' FEL, Section 25, T-17S, R-32E, Lea County, New Mexico.</b> | 10. FIELD AND POOL, OR WILDCAT<br><b>Mojave Reflow</b>                        |
| 14. PERMIT NO.                                                                                                                                                                                                        | 11. SPEC. SURV. M., C., L., AND SURVEY OR AREA<br><b>Sec 25, T-17S, R-32E</b> |
| 15. PLATINGS (Show whether OF, or, or, etc.)<br><b>4038' DF</b>                                                                                                                                                       | 12. COUNTY OR PARISH 13. STATE<br><b>Lea NM</b>                               |

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

|                                              |                                               |
|----------------------------------------------|-----------------------------------------------|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/>      | MULTIPLE COMPLETION <input type="checkbox"/>  |
| SHOOT OR ACIDIZE <input type="checkbox"/>    | ABANDON* <input type="checkbox"/>             |
| REPAIR WELL <input type="checkbox"/>         | CHANGE PLANS <input type="checkbox"/>         |
| (Other) <input type="checkbox"/>             |                                               |

SUBSEQUENT REPORT OF:

|                                                                               |                                          |
|-------------------------------------------------------------------------------|------------------------------------------|
| WATER SHUT-OFF <input type="checkbox"/>                                       | REPAIRING WELL <input type="checkbox"/>  |
| FRACTURE TREATMENT <input type="checkbox"/>                                   | ALTERING CASING <input type="checkbox"/> |
| SHOOTING OR ACIDIZING <input type="checkbox"/>                                | ABANDONING* <input type="checkbox"/>     |
| (Other) <input checked="" type="checkbox"/> <b>Convert to Water Injection</b> |                                          |

(Note: Report results of multiple completion on Well Completion or Re-completion 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 4200 and deepened to 4240. Ran Gamma Ray-Neutron log 4240-3500. Ran cement lined tubing with packer set at 3854. 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 BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 Partners-15 file

APPROVED

MAR 11 1968

\*See Instructions on Reverse Side

J L GORDON  
ACTING DISTRICT ENGINEER