

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

LC 058697 (b)

6. IF INDIAN, ALLOTTEE OR TRIBAL 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"/> <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</i>	
3. ADDRESS OF OPERATOR <i>Box 460, Hobbs, New Mexico 88240</i>		9. WELL NO. <i>137</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 + 660' FEL, Section 25, T-17S, R-32E, Sea County, New Mexico.</i>		10. FIELD AND POOL, OR WILDCAT <i>McGowan, R. P. (25A) Pool</i>	
14. PERMIT NO.		11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA <i>Sec. 25, T-17S, R-32E</i>	
15. ELEVATIONS (Show whether DF, RT, OR, etc.) <i>4024' DF</i>		12. COUNTY OR PARISH <i>Sea</i>	
		13. STATE <i>NM</i>	

16. 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 COMPLETE	<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"/>		<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"/>	ABANDONMENT*	<input type="checkbox"/>
(Other) <i>Convert to water inj.</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>

(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 4200 and drilled to 4214. Ran Gamma Ray - Neutron log 4066 to 3400. Ran tubing with packer set at 3831. Placed well on injection.

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

SIGNED

Robert Gault

TITLE

Adm. Sec. Chief

DATE

2-13-68

(This space for Federal or State office use)

APPROVED

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

FEB 15 1968

USGS-5 Partners-15 File

*See Instructions on Reverse Side

J L GORDON
ACTING DISTRICT ENGINEER