

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN THE DATE
(Other Instruct. on re-verse side)

Form approved.
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.
LC 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 Water Injection 29

2. NAME OF OPERATOR Continental Oil Company

3. ADDRESS OF OPERATOR Box 460, Hobbs, New Mexico 88240

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.)
At surface
1980 FSL + FSL Section 25, T-17S, R-22E, De Leuw County, NM 88240

7. UNIT AGREEMENT NAME MCA

8. FARM OR LEASE NAME MCA Unit

9. WELL NO. 194

10. FIELD AND POOL, OR WILDCAT W. De Leuw at Hobbs, NM
CSO Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA Sec 25, T-17S, R-22E

12. COUNTY OR PARISH Lea 13. STATE NM

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 4207 DF

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"/>	

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) <u>Convert to water injection</u> <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.)*

Clear out from 4180-4215. Drilled 4215-4360 TB. Ran GRP log from 4350-2000. Ran Cement liner tubing, Casing set @ 3130. Plug well on injection. Test 2-13-68; Injected 500 bbl @ 350 psi in 24 hours

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

SIGNED Robert Gault TITLE Area Engineer DATE 4-25-68

(This space for Federal or State office use)

APPROVED

APPROVED BY _____ TITLE _____ DATE APR 26 1968

CONDITIONS OF APPROVAL, IF ANY:

J. L. GORDON
ACTING DISTRICT ENGINEER