

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPPLICATE*
(Other instructions on re-
verse 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.)

| | | | |
|---|--|--|-------------------|
| 1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME MCA | |
| 2. NAME OF OPERATOR Continental Oil Company | | 8. FARM OR LEASE NAME MCA Unit | |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico | | 9. WELL NO. 190 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 660' FWL, Section 25, T-17S, R-32E, Lea County, New Mexico. | | 10. FIELD AND POOL, OR WILDCAT Maljamar Repress. (GSA) Pool | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3985' DF | |
| | | 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. |

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) Convert to Water Injec. <input checked="" 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) _____ | |

(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.)*

Approval of the New Mexico Oil Conservation Commission to convert this well to water injection for the MCA Unit Waterflood Expansion was obtained under Administrative Order WFX No. 267, dated August 27, 1967. Therefore, it is proposed to convert the well using the following procedure:

1. Check for fill, clean out if necessary, and deepen from 4,200' to 4,320'.
2. Run Gamma Ray-Neutron log.
3. Run cement-lined tubing w/packer set at approximately 3,850'.
4. Place well on injection.

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

SIGNED

James R. Hart

TITLE Supervising Engineer

DATE 9-11-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 PARTNERS-15 FILE

*See Instructions on Reverse Side