Form 9-331
(May 1963)

COPY TO O. C. C

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.: 058396 LC-057876

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 Well

7. UNIT AGREEMENT NAME: MCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: MCA Unit Tr. 3

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

9. WELL NO.: 145

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980/N - 660/E

10. FIELD AND POOL, OR WILDCAT: Maljamar G-SA Pressure

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 27 T-17S R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3968' DF

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other)			☐
(Other) Install Casing	X			(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.) *

It is proposed to install 3850' of 4½" casing and cement with 325 sacks Class "C" cement, in order to cut down on injection water loss to non-pay intervals.

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

SIGNED Robert Hamlett TITLE Division Office Manager DATE 1-18-74

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED JAN 21 1974

*See Instructions on Reverse Side

USGS-5, MCA-3, File

Form 9-331
Budget Bureau No. 42-R1424.

DEPARTMENT OF THE INTERIOR
(Other instructions on reverse side)

GEOLOGICAL SURVEY

5. LEASE DESIGNATION AND SERIAL NO.: LC 058396

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.)

HOBBS OFFICE O. C. C.
Apr 15 11 30 AM '69

1. OIL WELL ☐ GAS WELL ☐ OTHER Water Injection Well

7. UNIT AGREEMENT NAME: NCA

2. NAME OF OPERATOR: Continental Oil Company

8. FARM OR LEASE NAME: NCA Unit

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

9. WELL NO.: 145

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface: 1980' FNL & 660' FEL of Sec. 27, T-17S, R-32E, in Lea County, N. Mex.

10. FIELD AND POOL, OR WILDCAT: Maljamar Pegasus G-SA Pool

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA: Sec. 27, T-17S, R-32E

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.): 3968' DF

12. COUNTY OR PARISH: Lea

13. STATE: N. Mex.

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

NOTICE OF INTENTION TO:				SUBSEQUENT REPORT OF:			
TEST WATER SHUT-OFF	☐	PULL OR ALTER CASING	☐	WATER SHUT-OFF	☐	REPAIRING WELL	☐
FRACTURE TREAT	☐	MULTIPLE COMPLETE	☐	FRACTURE TREATMENT	☐	ALTERING CASING	☐
SHOOT OR ACIDIZE	☐	ABANDON*	☐	SHOOTING OR ACIDIZING	☐	ABANDONMENT*	☐
REPAIR WELL	☐	CHANGE PLANS	☐	(Other) Convert to water inj.			X
(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.)*

This well was converted to a water injection well by the following procedures. Verbal approval to convert this well was given by Mr. Gordon on February 17, 1969.

Cleaned out from 4078' to 4088'. Ran GR/N log from 4088' to 3000'. Ran 2 3/8" OD cement lined tubing with packer. Set packer at 3500' with fiberglass tailpipe to 4070'. Injected 550 BW in 24 hrs. on vacuum 4-9-69.

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

SIGNED W. E. Yeakley TITLE Administrative Section Chief DATE 4-10-69

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

APPROVED

*See Instructions on Reverse Side APR 11 1969

J. L. GORDON
ACTING DISTRICT ENGINEER