

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE*
(Other instructions
reverse side)

COPY TO O. C. C.

Form approved.
Budget Project No. 42-R1424.

5. LEASE DESIGNATION AND SURVEY NO.

LC 45784

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 ☒ <i>Water Injection Well</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 154 3</i>
3. ADDRESS OF OPERATOR <i>P.O. Box 460, Hobbs, New Mexico 88240</i>	9. WELL NO. <i>145</i>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface <i>1980/N-660/E</i>	10. FIELD AND POOL, OR WILDCAT <i>Mag. G-5A Reservoir</i>
14. PERMIT NO.	15. ELEVATIONS (Show whether DF, RT, GR, etc.) <i>3968' DF</i>
	11. SEC., T., R., M., OR B.L.K. AND SURVEY OR AREA <i>Sec. 27 T-17S R-32E</i>
	12. COUNTY OR PARISH <i>Lee</i>
	13. STATE <i>N. Mex.</i>

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐FRACTURE TREAT ☐SHOOT OR ACIDIZE ☐REPAIR WELL ☐(Other) *Install casing*PULL OR ALTER CASING ☐MULTIPLE COMPLETE ☐ABANDON* ☐CHANGE PLANS ☐☒

SUBSEQUENT REPORT OF:

WATER SHUT-OFF ☐FRACTURE TREATMENT ☐SHOOTING OR ACIDIZING ☐(Other) ☐REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐

(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 4 1/2" 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 L. Gordon

TITLE

Division Office Manager

DATE

1-18-74

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

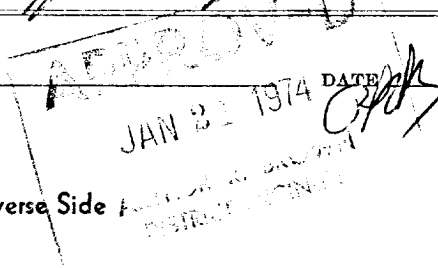
TITLE

DATE

1-18-74

USGS-5, MCA-3, File

*See Instructions on Reverse Side



DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

(Other instructions on reverse side)

Budget Form No. 42-11121
3. LEASE DESIGNATION AND SERIAL NO.

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposed changes or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

1C 058396
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

9. WELL NO.

10. FIELD AND POOL, OR WILDCAT
Malheur River
G-SR Pool

11. SEC., T., R., M., OR BLK. AND
SURVEY OR AREA

12. COUNTY OR PARISH 13. STATE

Jer. N. Mex.

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

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

Box 460, Hobbs, New Mexico

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-175, R-32E,

in Lea County, N. Mex.

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, CR, etc.)

3968' DF

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON*

CHANGE PLANS

SUBSEQUENT REPORT OF:

WATER SHUT-OFF

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other) *Convert to water inj.*

REPAIRING WELL

ALTERING CASING

ABANDONMENT*

(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 4073' 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

T. E. Yeakley

TITLE Administrative Section Chief

DATE 4-10-69

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

APPROVED

*See Instructions on Reverse Side

APR 11 1969

J L GORDON
ACTING DISTRICT ENGINEER