

(May 1963)

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

OF FORM 10-1 (10-1-62)  
(Other instructions on reverse side)

Request Bureau No. 42-1111  
5. LEASE DESIGNATION AND SERIAL NO.

LC 057210

6. 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. <input checked="" type="checkbox"/> OIL WELL <input type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <u>Water Injection</u>                                                  | 7. UNIT AGREEMENT NAME<br><u>MCA</u>                              |
| 2. NAME OF OPERATOR<br><u>Continental Oil Company</u>                                                                                                                                    | 8. FARM OR LEASE NAME<br><u>MCA Unit #3</u>                       |
| 3. ADDRESS OF OPERATOR<br><u>P. O. Box 460, Hobbs, New Mexico 88240</u>                                                                                                                  | 9. WELL NO.<br><u>119</u>                                         |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)<br><u>At surface</u><br><br><u>660' FNL and 660' FWL of Sec 27</u> | 10. FIELD AND POOL, OR WILDCAT<br><u>Mel's G-SA Repress</u>       |
| 14. PERMIT NO.                                                                                                                                                                           | 15. ELEVATIONS (Show whether DT, RT, GR, etc.)<br><u>4033' gr</u> |
|                                                                                                                                                                                          | 12. COUNTY OR PARISH<br><u>Lea</u>                                |
|                                                                                                                                                                                          | 13. STATE<br><u>N. Mex</u>                                        |

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) ☐

REPAIRING WELL ☐

ALTERING CASING ☐

ABANDONMENT\* ☐

Converting to water injection ☒

(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 water inject by the following procedures. WIH W/ 4 3/4" bit on 2 3/8" tbg and c/o 3894' to 3921'. Jet washed and c/o. to 4150'. Ran 2 3/8" cmt-lined tubing and set at 4138'. Jet pkr at 3509'. Placed on injection.

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

SIGNED [Signature]

TITLE Administrative Supervisor

DATE 10-27-71

(This space for Federal or State office use)

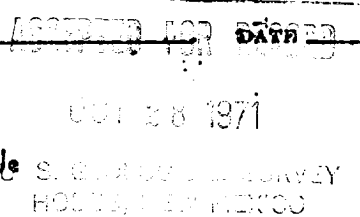
APPROVED BY \_\_\_\_\_  
CONDITIONS OF APPROVAL, IF ANY:

TITLE \_\_\_\_\_

USGS (5) File

MCA(3)

\*See Instructions on Reverse Side



RECEIVED

21971

OIL CONSERVATION COMM.  
WASH., D. C.