

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions
verse side)

Form approved,
Budget Bureau No. 42-R1424.
5. LEASE DESIGNATION AND SERIAL NO.

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.)

LC 057210
6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

MCA
8. FARM OR LEASE NAME

MCA Unit
9. WELL NO.

207
10. FIELD AND POOL OR WILDCAT
Baish-Malajamar Pearsall Fld.

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

S-28, T-17, R-32
12. COUNTY OR PARISH 13. STATE

Lea N.M.

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

2. NAME OF OPERATOR

Continental Oil Company

3. ADDRESS OF OPERATOR

P.O. Box 460, Hobbs, N.M.

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.*
See also space 17 below.)
At surface

660' FSL & 660' FEL Section 28, Township
17S, Range 32E, Lea County, New Mexico, NMPM

14. PERMIT NO.

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

3954' DF

16.

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

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF ☐ PULL OR ALTER CASING ☐
FRACTURE TREAT ☐ MULTIPLE COMPLETE ☐
SHOOT OR ACIDIZE ☐ ABANDON* ☐
REPAIR WELL ☐ CHANGE PLANS ☐

(Other) Cleanout

SUBSEQUENT REPORT OF:

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

(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 perti-
nent to this work.)*

We respectfully request permission to cleanout subject
well to TD 4,125 from bottom of 3,566 (559'). Upon completion
well will be connected for water injection.

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

SIGNED John E. Lackey TITLE Staff Supervisor

DATE 11-11-65

(This space for Federal or State office use)

APPROVED BY _____
CONDITIONS OF APPROVAL, IF ANY:

TITLE _____

DATE _____

APPROVED

NOV 15 1965

*See Instructions on Reverse Side

USGS-5, File-1

J. L. GORDON
ACTING DISTRICT ENGINEER