

UNIT STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLIC.
(Other instructions on
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 ☐ GAS WELL ☐ OTHER ☒ *Water Injection*

2. NAME OF OPERATOR
Continental Oil Company

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

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

660' FSL and ~~460'~~ 1980' FWL of Sec 29

14. PERMIT NO. 15. ELEVATIONS (Show whether DF, RT, GR, etc.)
3918' gr

5. LEASE DESIGNATION AND SERIAL NO.
LC 029410(a)

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME
MCA

8. FARM OR LEASE NAME
MCA Unit

9. WELL NO.
213

10. FIELD AND POOL, OR WILDCAT
Mali G-SH Repress

11. SEC., T., R., M., OR BLK. AND SURVEY OR AREA
Sec 29, T-17S R-32E

12. COUNTY OR PARISH 16. STATE
Lea N. Mexico

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) *Set casing (liner)* ☒

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 pertinent to this work.)*

*Set 4 1/2"; 9.5# casing at 3840'. Cement w/ 150 socks
class C cement w/ 4% gel and 3/4 of 1% CFR-2. Follow
w/ 75 socks class C cement w/ 3% salt per sock
plus 3/4 of 1% CFR-2. WOC 24 hrs. Drill out 3-5'
below shoe and pressure test.*

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

SIGNED *[Signature]*

Administrative Supervisor

DATE *6-14-72*

(This space for Federal or State office use)

APPROVED BY
CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED
JUN 16 1972

USGS(5)

FILE

MCA(3)

*See Instructions on Reverse Side

ARTHUR R. BROWN
DISTRICT ENGINEER