

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEYSUBMIT IN TRIPlicate
(Other Instructions on re-
verse side)Form approved
Budget Form No. 42 R1424

5. LEASE DESIGNATION AND SERIAL NO.

LC 029410 a

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 <u>Water Injection</u>	7. UNIT AGREEMENT NAME <u>MCA</u>
2. NAME OF OPERATOR <u>Continental Oil Company</u>	8. FARM OR LEASE NAME <u>MCA Unit, battery</u>
3. ADDRESS OF OPERATOR <u>Box 460, Hobbs, New Mexico 88240</u>	9. WELL NO. <u>171</u>
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface <u>1730' FSL V-1930' FEL, Section 29, T-17S, R-32E, San County, New Mexico</u>	10. FIELD AND POOL, OR WILDCAT <u>Milnes, Hobbs</u>
11. PERMIT NO.	12. COUNTY OR PARISH <u>San</u>
15. ELEVATIONS (Show whether DF, RT, GR, etc.) <u>3931' DF</u>	13. STATE <u>NM</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) ☐

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

REPAIRING WELL ☐ALTERING CASING ☐ABANDONMENT* ☐☒

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.)

The well was cleaned out to 3961 and drilled to 4090. Ran Gamma Ray-Neutron log. Ran cement lined tubing with packer set at 3428. Returned well to injection.

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

SIGNED

(This space for Federal or State office use)

TITLE

DATE

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 Partners-15 File

APPROVED

MAR 11 1968

J L GORDON
ACTING DISTRICT ENGINEER

*See Instructions on Reverse Side