

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on reverse 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		5. LEASE DESIGNATION AND SERIAL NO. 10 029410 a
2. NAME OF OPERATOR Continental Oil Company		6. IF INDIAN, ALLOTTEE OR TRIBE NAME
3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240		7. UNIT AGREEMENT NAME
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 1980' FSL & 1980' FEL, Section 29-17-32, Lea County, New Mexico. N.M.P.M.		8. FARM OR LEASE NAME
14. PERMIT NO.		9. WELL NO.
15. ELEVATIONS (Show whether DF, RT, GR, etc.) 3931' D.F.		10. FIELD AND POOL, OR WILDCAT Mallamar Press.
		11. SEC. T., R., M., OR BLK. AND SURVEY OR AREA
		12. COUNTY OR PARISH 13. STATE Lea N.M.

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*

X

(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.)*

The above subject well was converted to injection using the following procedure:

1. Tagged bottom w/tubing @ 4015'. Ran 111 jts. of tubing with packer set @ 3411'. Placed well on injection.

AFTER: No change in T.D., R.B.M., Elev., Pay Gsg. or perms.

On test dated 3-18-67, injected 655 B.W. in 20 hrs. @ 100# press.

Workover started - 3-16-67. Completed 3-16-

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

SIGNED

TITLE Supervising Engineer

DATE 5-18-67

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

APPROVED

MAY 19 1967

USGS-5 PARTNERS-15 FILE

*See Instructions on Reverse Side

ACTING DISTRICT ENGINEER