

UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN TRIPLICATE*
(Other instructions on re-
verse side)

Form approved
Budget Bureau No. 42-R1424.

3. LEASE DESIGNATION AND SERIAL NO.

LC 029410 B

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 ☐ GAS ☐ 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 1980' FSL 4660' FWL, Section 30, T-17S, R-32E
Sea County, New Mexico.

7. UNIT AGREEMENT NAME

MCA

8. FARM OR LEASE NAME

MCA Unit #1

9. WELL NO.

164

10. FIELD AND POOL, OR WILDCAT
Mogamur, R. #1
(USA) Pool

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

Sec. 30, T-17S, R-32E

14. PERMIT NO.

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

3883' DF

12. COUNTY OR PARISH

Sea

13. STATE

NM

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* ☐

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

Convert to Water Inj. ☒

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.)*

To convert the well to water injection the bottom was tagged at 3906 with tubing, ran tubing with packer set at 3469 and placed well on injection.

APPROVED

FEB 15 1968

J. L. GORDON
ACTING DISTRICT ENGINEER

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

SIGNED

Robert Gault

TITLE

Adm. Sec. Chief

DATE

2-12-68

(This space for Federal or State office use)

APPROVED BY

CONDITIONS OF APPROVAL, IF ANY:

TITLE

DATE

USGS-5 Partners 15 File