

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 <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/> | | 7. UNIT AGREEMENT NAME MCA | |
| 2. NAME OF OPERATOR Continental Oil Company | | 8. FARM OR LEASE NAME MCA Unit | |
| 3. ADDRESS OF OPERATOR P. O. Box 460, Hobbs, New Mexico 88240 | | 9. WELL NO. 217 | |
| 4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.* See also space 17 below.) At surface 660' FSL & 1980' FWL, Section 30, T-17S, R-32E. Lea County, New Mexico | | 10. FIELD AND POOL, OR WILDCAT Maljamar Repress. (GSA) Pool | |
| 14. PERMIT NO. | | 15. ELEVATIONS (Show whether DF, HT, GR, etc.) 3883' DF | |
| | | 12. COUNTY OR PARISH Lea | |
| | | 13. STATE N.M. | |

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

| NOTICE OF INTENTION TO: | | SUBSEQUENT REPORT OF: | |
|--|---|--|--|
| TEST WATER SHUT-OFF <input type="checkbox"/> | PULL OR ALTER CASING <input type="checkbox"/> | WATER SHUT-OFF <input type="checkbox"/> | REPAIRING WELL <input type="checkbox"/> |
| FRACTURE TREAT <input type="checkbox"/> | MULTIPLE COMPLETE <input type="checkbox"/> | FRACTURE TREATMENT <input type="checkbox"/> | ALTERING CASING <input type="checkbox"/> |
| SHOOT OR ACIDIZE <input type="checkbox"/> | ABANDON* <input type="checkbox"/> | SHOOTING OR ACIDIZING <input type="checkbox"/> | ABANDONMENT* <input type="checkbox"/> |
| REPAIR WELL <input type="checkbox"/> | CHANGE PLANS <input type="checkbox"/> | (Other) <input type="checkbox"/> | |

(Other) Convert to Water Inj. ☒ (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.)*

Approval of the New Mexico Oil Conservation Commission to convert this well to water injection for the MCA Unit Waterflood Expansion was obtained under Administrative Order WFX 253, dated March 15, 1967. Therefore, it is proposed to convert this well using the following procedure:

1. Tag bottom with tubing and tally out.
2. Run 2 3/8" OD EUE tubing w/packer to be set at approximately 3530'.
3. Place well on injection.

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

SIGNED Charles Pickering TITLE Acting Supervising Production Engineer DATE 12-13-67

(This space for Federal or State office use)

APPROVED BY _____ TITLE _____ DATE _____

CONDITIONS OF APPROVAL, IF ANY:

USGS-5 PARTNERS-15 FILE

DEC 18 1967
A. H. BROWN
DISTRICT ENGINEER